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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

February 20, 1970  
Tweedie Hall  
Mount Allison University  
Sackville, New Brunswick







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BEFORE:

Gerald LeDain,	Chairman,
Marie-Andree Bertrand,	Member,
H. E. Lehmann, M.D.,	Member,
Ian Campbell,	Member,
J. Peter Stein,	Member,
James J. Moore,	Executive Secretary.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe

February 20, 1970  
Tweedie Hall  
Mount Allison University  
SACKVILLE, New Brunswick

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1 --- Upon commencing at 6:40 p.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen, I call this hearing of the Commission  
4 of Inquiry into the non-medical use of drugs  
5 to order.

6 I should like to introduce  
7 the members of the Commission. On my right,  
8 I suppose he needs no introduction, certainly  
9 at this university, but perhaps some of the  
10 students don't know him -- Dean Ian Campbell  
11 of Montreal, but formerly of Mount Allison.  
12 We have had the pleasure of having him the last  
13 hour as a guide here, and we have seen your  
14 beautiful campus, and particularly your exquisite  
15 chapel. He said, coming down on the bus, that  
16 this was the most beautiful chapel. I thought  
17 that might be quite an exaggeration and I  
18 thought of St. Chapel, but I must confess that  
19 after having spent a half hour in it I think it  
20 must be one of the most beautiful in the world.

21 On my immediate right,  
22 Dr. Heinz Lehmann of Montreal; I am Gerald LeDain;  
23 on my left, Mr. James Moore, the Executive  
24 Secretary of the Commission; on Mr. Moore's  
25 left, Professor Marie-Andrée Bertrand of Montreal,  
26 and on Miss Bertrand's left, Mr. J. Peter Stein  
27 of Vancouver.

28 At the table on the left,  
29 Mrs. Vivian Luscombe, my Secretary on the  
30 Commission.





We have been in Moncton all day and had a very interesting series of hearings there. I don't want to take up too much of our precious time tonight by an extended statement of the background of our appointment. I daresay that you have some inkling, although we wouldn't be offended if you didn't; some inkling of what they are.

9 But very briefly, we were  
10 appointed at the end of May last year by  
11 the federal government as an independent Com-  
12 mission of Inquiry under Part I of The Inquiries  
13 Act, and we are asked to inquire into and  
14 report on the extent and patterns of use of  
15 non-medical drug use in Canada, and the effects,  
16 that is, to report on the existing medical  
17 knowledge concerning the effects of these drugs  
18 and to report on the causes of non-medical  
19 drug use; personal motivation and the larger  
20 significance of the relation to other aspects  
21 of our society today.

22 Finally, we are asked to  
23 make recommendations to the federal government  
24 as to what it can do alone or with other  
25 governments to reduce the dimensions of the  
26 problems involved in non-medical drug use.

27 Now, we are asked to look  
28 into psychotropic drugs and substances; in  
29 other words, mood-modifying drugs. We include  
30 alcohol in that, and for that matter, nicotine.





1 They form part, certainly, of the total drug  
2 perspective today. But we felt that we ought to  
3 give particular attention to the use of these  
4 drugs by young people and the use of drugs by  
5 adults as it relates to drug use by the young.

6 We are asked to investigate non-  
7 medical use, and that we take to be use which  
8 is indicated or is justified or generally accepted  
9 on medical grounds. A prescription is not the  
10 test of whether it is medical or non-medical use,  
11 obviously. We know that drugs obtained under  
12 prescription one way or the other may tend  
13 to be used for non-medical reasons.

14 Now, we have some submissions  
15 scheduled tonight. Just a word about our way  
16 of proceeding.

17 Peut-etre que je peux m'adresser  
18 en francais a ce point. Notre facon de proceder  
19 est d'entendre les soumissions et ensuite de  
20 donner l'occasion pour les membres de la  
21 commission et ceux qui assistent a l'audience.

22 Nous voulons encourager une  
23 discussion informelle parce que c'est tres  
24 important que nous ayons l'opinion d'autant de  
25 monde que possible.

26 We hope we can have a free discussion  
27 here tonight. It's not necessary to have a  
28 formal submission prepared for us. We are  
29 interested in the opinions of as many Canadians  
30





1 as possible on this question because it's not  
2 a purely technical question reserved for experts.  
3 It's a profound social issue involving very  
4 important moral judgments and it's one on which  
5 all Canadians have something important to  
6 contribute. I think it has to be settled by  
7 Canadians although we have our responsibility  
8 to try to frame the issues and to state our  
9 opinions as clearly as we can--our findings,  
10 I should say, as clearly as we can.

11 We have benefited a great deal  
12 from our experience across the country and  
13 we hope that you will assist us with our views.  
14 Now, we are particularly interested in how  
15 you see this phenomenon. It is significance  
16 what is the cause of it, what are the under-  
17 lying reasons, how is it developing, what is  
18 the outlook for it; and what is to be our  
19 social response to it? How are we to react  
20 to it? What are our value judgments on it? It  
21 is this kind of opinion, this kind of thinking  
22 that we need from as many people as possible.  
23 You know, it is really an inquiry; it is  
24 a search for wisdom. So we look for assistance  
25 from those who are close to the experience, those  
26 who are dealing with it in one way or the other.

27 Now, we have some briefs.





1 As I say, we will have some time for questions  
2 and comments from everyone present after the  
3 submission, after the conclusion of these  
4 briefs.

5 I call now upon Mr. David  
6 (Moise), and Mr. Bob Kirby, and I believe,  
7 Mr. Adrian Groenenberg. That is the Dean,  
8 excuse me. I have just seen it a few moments  
9 ago and I don't know my lines too well. Mr. Moise  
10 and Mr. Kirby will make a submission on behalf  
11 of the students of Mount Allison. I will let  
12 them indicate their representative. Is there  
13 a place for them to be seated?

14 Oh yes, would you mind  
15 using one of the mikes, please? There is a  
16 microphone in each isle here, if you wouldn't  
17 mind.

18 THE PUBLIC: This is a  
19 petition that we circulated over the last  
20 couple of days at the suggestion of one of  
21 the members of one of the Commission. We  
22 decided to hang on to it for another week or  
23 so; hopefully we will get some more signatures  
24 on it after this meeting, but I would like to  
25 read it. At the present time we have about  
26 385 signatures of students and faculty and  
27 other members of the Sackville community.

28 The petition reads:

29 "We, the undersigned, want  
30 it to be known that the present laws dealing  
with marijuana are archaic, unduly harsh in





1 proportion to the 'crime' and in every sense  
2 in direct opposition to civil liberties and  
3 individual civil rights. Medical science  
4 has shown beyond reasonable doubt that the  
5 use of marijuana by itself does not contri-  
6 bute to anti-social activity, either in the  
7 form of violent acts or dependence upon other  
8 members of society. Every citizen of this  
9 country must be free to do what he pleases  
10 in the privacy of his own home, as long as  
11 his actions do not threaten the rights of  
12 other individuals. The harassment and harsh,  
13 unnecessary punishments must be stopped.

14 We wish to make it known  
15 that we will stand behind government legis-  
16 lation to legalize marijuana."

17 That is all I would like  
18 to say about that.

19 THE CHAIRMAN: Thank you.  
20 Excuse me, you said there were about 350  
21 students?

22 THE PUBLIC: That would be  
23 383 signatures at the moment, and this is  
24 students, faculty and other members of the  
25 university.

26 THE CHAIRMAN: How many  
27 students are there at Mount Allison?

28 THE PUBLIC: I am not  
29 exactly sure, but it is somewhere around 1200.  
30 1328.



1 THE CHAIRMAN: All right.

2 Is there any way of noting the distribution of  
3 this number by years?

4 THE PUBLIC: No, we just had  
5 the students sign their names.

6 THE CHAIRMAN: Thank you.

7 Submission from some students  
8 from the Sackville High School.

9 Actually teachers from the Sackville High  
10 School, from Bradley Slayenwhite, Brian Smith,  
11 Mr. Thomas Crawford, and Miss Rebecca Could. If  
12 they would like to make their submission?

13 THE PUBLIC: These are rather  
14 limited comments. I would like to make my  
15 comments to the marijuana issue. I haven't even  
16 attempted to collect information to prepare a  
17 larger brief, which I hope to send to you in  
18 Ottawa in the future.

19 THE CHAIRMAN: Excuse me, I  
20 wonder -- normally we don't ask people coming  
21 up from the audience to identify themselves,  
22 but since this is a formal submission of which  
23 we have had notice, would you mind telling us  
24 who you are?

25 THE PUBLIC: Bradley Slayen-  
26 white, I am a teacher. I learned last night  
27 that I had an opportunity to make comments at  
28 the hearing, so I will apologize in advance  
29 for the poor structure of my presentation.

30 While there is no valid reason





1 for the continuation of our present laws  
2 dealing with marijuana and its derivatives,  
3 and whereas the consequences of the laws are  
4 grievously harmful to the individual convicted  
5 under the laws, to their friends, to their  
6 families, and a real threat to a cohesive  
7 community, and whereas the present law is  
8 not enforceable, and whereas there is much  
9 pressure on young people to experiment with  
10 chemicals, I strongly recommend the present  
11 federal government be urged to legalize with  
12 strict quality control, marijuana and its  
13 derivatives.

14               There seems to be no scientific  
15 evidence that cannabis is physically harmful  
16 or physically addictive. As never before in  
17 our history, great numbers of young people are  
18 coming into contact with the judicial branch  
19 of government. This contact tends to be a most  
20 unpleasant experience, and in some instances  
21 the individuals are questioned without being  
22 fully aware of their legal rights. They are  
23 refusing to co-operate with the officers of  
24 the law, and most reluctant to give evidence  
25 to be used against friends, they felt they were  
26 doing them a favour. In many instances children  
27 are afraid to confide in parents for fear of  
28 embarrassing them or being turned over to the Police  
29 and of punishment.

30               The youth culture of today, peer





1 groups are extremely strong. This constant  
2 severity of the law which appears to serve no  
3 useful purpose for individuals, for society,  
4 almost certainly determines that many of those  
5 brought before the courts, both as witnesses  
6 and those charged under the law will either perjure  
7 themselves and/or be found in contempt of court.

8 I suggest that the psychological,  
9 social and emotional damage to the individuals  
10 cannot be justified under our present legal  
11 structure. I suggest the judicial branch should  
12 be advised that the young people brought before it  
13 are extremely well informed. Via TV they have been  
14 exposed to the ideas of Dr. Leary; they have heard  
15 the law criticized; they are aware of cultures  
16 other than their own where the stress is not  
17 on materialism but on the development of the  
18 whole being. Some have read learned journals  
19 which claim marijuans is not a narcotic, not  
20 physically harmful or addictive, that there is  
21 no evidence to indicate the use of cannabis  
22 leads to the use of heroin or other hard drugs;  
23 they know through either personal experience or  
24 observation of their friends that marijuans does  
25 not bring about anti-social behaviour, that it is  
26 not just used by drop-outs and escapists. They  
27 know it does not impair mental ability. They  
28 know that the studies in New York during the 1930's  
29 and the British study in the 1890's produced no  
30 damming evidence



1 against cannabis. They are not easily taken in  
2 by prodigies, and any attempts to hid truth  
3 encourages their attempt.

4 When the attitude of the judical  
5 branch reflects ignorance of the above, not only  
6 is its competence in dealing with charges under the  
7 Narcotic Act questioned but its competence in other  
8 fields is suspect. This can only breed a widespread  
9 lack of confidence in our laws and in the men who  
10 enforce them.

11 We can assume these young people  
12 will some day be parents and their views and  
13 values will have considerable influence on those  
14 of their children.

15 Society should bear in mind that  
16 history has made heroes of such men as Ghandi and  
17 Martin Luther King. They illustrated one way of  
18 changing an unpopular law was to break it. This  
19 lesson has not been completely lost by our youth  
20 who feel a certain justification in breaking the  
21 law which they interpret an unjust. The attempt  
22 to treat offenders is naive and to use repression  
23 as the courts in New Brunswick have chosen to do  
24 can only have harmful results for the individual  
25 and for society. Repression cannot stop the non-  
26 medical use of drugs. It will require the outlawing,  
27 not only of marijuana but certain mushrooms, several  
28 of our ornamental trees, cactus plants, to name  
29 but a few, plus a few new chemicals that appear  
30





1 on the streets each month. To move in this  
2 direction means more laws, more police  
3 surveillance, and a corresponding lack of  
4 individual freedom, all contrary to a democratic  
5 tradition. It should also be remembered that  
6 repression is an open invitation to organized crime.

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Not only will we convert our nation into a police state, but provide organized crime. On November 26th, 1969, two judges in the New Brunswick Supreme Court stated in a document, "only time will tell if repression will solve the problem".

Surely history has taught the utter futility of using repression to stamp out a practice that is widespread and popular. The repression of ancient Rome did not curb the growth of the early Christian Church. These same judges criticized the media for carrying articles and stories which claimed marijuana was less harmful than alcohol. By implication they asking the media to print only that material which enforced present laws.

I suggest such an attitude by members of the Supreme Court can only add to the contempt many people now feel for the Courts. If we are to continue our present practice of repression it is only just that the government attempt to remove the pressure which encourages young people to experiment with marijuana. There seems a certain hypocrisy in permitting the sale of millions of L.P.'s which extol the virtue of the marijuana experience, and yet retain a law which makes that experience a criminal offence. The writings of Dr. Leary, Alan Ginsburgh, (Alan Lock) Mark Seigel and Dr. Unwin to mention but a few should be



1 restricted as their word can be interpreted  
2 as undermining the present law. The  
3 psychedelic advertising in clothing style  
4 which are so much in vogue today, help to  
5 create an atmosphere conducive to the  
6 acceptance of marijuana, should they not be  
7 curtailed.

8                               During the last three years,  
9 such magazines as Time, Life and McLeans  
10 have all carried stories which portrayed  
11 marijuana as a relatively harmless drug used  
12 by great numbers of respectable citizens. It  
13 seems to me there is something very sich about  
14 a society which allows business to gross  
15 millions on the sale of products closely  
16 related to the psychedelic experience and  
17 yet prohibits such experience.

18                           Now, I am not really serious  
19 when I suggest the curtailment of the adult  
20 cultural influences which encourage the use  
21 of marijuana, for it would be quite impossible  
22 and very immoral to attempt. I am however  
23 suggesting that it is illogical and immoral  
24 not to bring the laws into harmony with these  
25 influences. The present laws give rise to  
26 social and personal damage, that cannot intelligently  
27 be justified. Because of the damage I strongly  
28 urge this Commission to recommend the  
29 legalization of marijuana and its derivatives.  
30





1                                Respectfully submitted by  
2        Bradley Slauenwhite.

3                                THE CHAIRMAN: Mr. Slauenwhite,  
4        is this a brief on behalf of yourself and  
5        your three colleagues that are named or is  
6        this---?

7                                MR. SLAUENWHITE: No, this  
8        is a personal brief and it represents just my  
9        own personal views.

10                               THE CHAIRMAN: Well, should we  
11       not hear from your colleagues?

12                               MR. SLAUENWHITE: Yes.

13                               THE CHAIRMAN: Yes, Thank you.  
14       I wonder if there are any questions or  
15       comments on Mr. Slauenwhite's submission?  
16       Professor Bertrand?

17                               PROFESSOR BERTRAND: May I  
18       speak French or shall I speak English?

19                               Did I hear you saying that  
20       repression was an invitation to organized  
21       crime?

22                               MR. SLAUENWHITE: Yes.

23                               PREFESSOR BERTRAND: Could I  
24       ask you if it would be fair to say that you  
25       really do not mean that--you said that the  
26       certainty of repression is much more efficient,  
27       much more successful than the severity of  
28       sanctions, meaning that if the laws were  
29       really endorced, the citizens could be sure  
30       that a particular law would command arrest



1 if violated then not only organized  
2 crime would be difficult, but the majority of the  
3 citizens most probably could obey that law  
4 and would feel like obeying that law.

5 MR. SLAUENWHITE: Yes, I  
6 think that is a very sound argument.

7 PROFESSOR BERTRAND: We  
8 could argue, but if this special law is  
9 obeyable, this is different.

10 MR. SLAUENWHITE: If it  
11 is.

12 THE CHAIRMAN: Mr. Slauenwhite,  
13 would you mind using the microphone.

14 MR. SLAUENWHITE: It  
15 doesn't seem to be working. Yes, I guess it is.

16 PROFESSOR BERTRAND: Would  
17 you feel that if really the persons who would  
18 possess and traffic hashish and marijuana,  
19 if they would really be arrested, would  
20 you feel that then the actual law on marijuana  
21 would lead to organized crime?

22 MR. SLAUENWHITE: Yes,  
23 but that is a very big and I suspect impossible  
24 "if". I don't think that we can be  
25 sure that every person smoking marijuana  
26 would be arrested.

27 PROFESSOR BERTRAND: Yes,  
28 I was only arguing on principle of repression.

29 MR. STEIN: I would just  
30 like to be clear/one of the statements you made





1 at the beginning of your brief.

2 Were you suggesting that the  
3 use of marijuana could in no way, regardless of  
4 the dosage involved, ever be harmful physically  
5 to an individual?

6 MR. SLAUENWHITE: No, and  
7 if I gave that impression it is certainly not  
8 what I wished. Moderation.

9 MR. STEIN: The  
10 whole context of your understanding of the use  
11 of the drug was moderation?

12 MR. SLAUENWHITE: The same  
13 with marijuana, in excess, could be dangerous,  
14 but then so could water, or any other substance  
15 taken in the body.

16 MR. STEIN: What do you take  
17 to mean moderation? What would that mean  
18 to you in terms of quality?

19 MR. SLAUENWHITE: Well,  
20 from the journals that I have read, I suspect  
21 or  
22 that one/two cigarettes of marijuana would be  
considered moderate usage.

23 MR. STEIN: The reason I  
24 am asking you is that one of the questions that  
25 has not really been given a lot of attention  
26 for obvious reasons, is exactly what would be  
27 involved in the consumption rate of this  
28 drug, if it were available. What would one  
29 expect to find in terms of the pattern of  
30 consumption that would take place? There is another



1 problem and that is that no one has really  
2 settled on the quantity of the drug that  
3 would be a standard size.

4 MR. SLAUENWHITE: There  
5 would also be a total of variables, I suppose  
6 the same as alcohol, a quart of whiskey is  
7 sufficient.

8 THE CHAIRMAN: Dr. Lehmann?

9 DR. LEHMANN: If I may  
10 just follow right along with this argument,  
11 it is certainly very true many have told us  
12 that water in excess could be harmful, but on  
13 the other hand it is also true that

14 alcohol and cigarettes are utterly  
15 harmless if taken in moderation. A glass of  
16 wine every day or two could not possibly  
17 harm anyone. So it does become important  
18 that drugs which lead to relaxation and  
19 euphoria have a tendency and that is well-  
20 known, to often be taken in excess.

21 But what I really wanted  
22 to ask you is in your line of reasoning  
23 since psychedelic influences are all around  
24 us, and there is a very strong cultural  
25 trend in this direction, it unjust not to  
26 allow chemical means to enhance this trend  
27 and make us more susceptible to it.

28 Would this mean then  
29 that all psychedelic drugs should be permitted  
30 including LSD?





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MR. SLAUENWHITE: I

personally could not recommend that. I think  
that the legalization of marijuana would make  
the psychedelic experience possible without  
adding LSD and other chemicals to the list.

THE CHAIRMAN: Dean  
Campbell?

MR. CAMPBELL: Mr.  
Slauenwhite, can you hear me without the mike?

MR. SLAUENWHITE: Yes.

MR. CAMPBELL: Do you  
feel in any position to inform the Commission of the  
history of the use of these drugs by the  
high school population in this town? Do you  
have any sense of motivating factors that  
have been involved in a sense of the extent  
of use, the sense of the attitudes involved  
at the high school level?

MR. SLAUENWHITE: Well,  
most of my information comes from students at  
the junior and senior high school level, and  
I don't think I can give any enlightening  
information as to the reason why. There  
are multiple reasons why children and adults  
use psychedelic drugs, but I suspect the reasons  
are pretty much the same in Sackville as they  
are in Vancouver or Toronto, and maybe we  
might look at McLuhan for some hint as to  
what is bringing this about. I have been  
most concerned really about the damage that



1 has been done to the children brought before  
2 the Courts, and also to the declining respect  
3 that one notes among students and adults,  
4 particularly young adults, for officers of the  
5 law, and I would include in that members  
6 of the judicial branch of government, and I  
7 think this is a very serious and a very real  
8 threat to our society.

9 THE CHAIRMAN: Mr.  
10 Slaunwhite, are you -- by implication you  
11 are concerned about the potential for harm  
12 of some of the other drugs and particular  
13 reference was made to other psychedelics.  
14 How does your concern for that harm express  
15 itself? What do you feel is the response  
16 to that?

17 MR. SLAUENWHITE: I am  
18 not quite sure I understand your question.

19 THE CHAIRMAN: Well, you  
20 expressed concern about the effective law,  
21 the administration of justice on the young,  
22 but you say you could not advocate the  
23 legalization of other drugs, because of the  
24 potential for harm. Am I right in  
25 assuming that?

26 MR. SLAUENWHITE: Yes.

27 THE CHAIRMAN: And what  
28 do you feel is the response to the problem  
29 presented by that potential for harm by the  
30 other drugs and more specifically which role do





1       you see for law?

2                               MR.SLAUENWHITE: I really  
3       believe that if marijuana is made legal,  
4       that the other hallucinogenic drugs will  
5       decline in popularity and will not present  
6       society with the problem -- a legal problem.

7                               THE CHAIRMAN: What is  
8       your basis for that? Is that a hunch?

9                               MR.SLAUENWHITE: Maybe  
10      and possibly not. We had a "drug bust" here  
11      in the community some time ago, and a young  
12      man was given eighteen months on an LSD charge,  
13      and five years on a marijuana charge.

14                              The word among the  
15      students was if you are going to use drugs,  
16      let's use LSD and the more harmful drugs.  
17      As a social worker in Halifax spoke to us  
18      a few weeks ago, said that whenever/availability  
19      of marijuana in Halifax there were fewer  
20      problems with LSD, there seemed to be a decline  
21      in consumption, but when marijuana was  
22      scarce, they turned to other drugs.

23                              And I think that many of  
24      them are very afraid of the harder drugs, but  
25      when they can't get marijuana, then they  
26      turn to them. I have no scientific data;  
27      it is just my impression from talking with  
28      the students.

29                              THE CHAIRMAN: Well, we  
30      have been told many times across the country



1 that some drug users--no one can estimate  
2 the proportion--will seek a greater, richer  
3 or more potent experience. We were talking  
4 today in Moncton and it was said that one of  
5 the explanations of cause is the desire for  
6 experience.

7 One tires of one experience  
8 or find it not vivid enough, and searches  
9 for another. This has been said repeatedly  
10 to us across the country and this is a hypothesis  
11 and there will always be a significant number  
12 who will pursue this search for greater experience.  
13 It was expressed today in saying, well if you  
14 legalize marijuana the next will be LSD.

15 MR. SLAUNWHITE: I think that  
16 the fear of LSD on the part of most young people  
17 will keep them away from it, if marijuana  
18 is available.

19 THE CHAIRMAN: Well, the fear  
20 is not such that it keeps them away from it  
21 under any conditions. We were told in Moncton  
22 it was a drug of choice. We were told today  
23 it is more prevalent than marijuana.

24 MR. SLAUNWHITE: Well, it is  
25 due to the discrepancy in the law. You  
26 receive a much lighter sentence for using  
27 LSD than for marijuana.





THE CHAIRMAN: Well, in other words, these are suppositions on your part?

THE PUBLIC: Yes.

THE CHAIRMAN: They are conjectures. Any other questions?

Thank you, Mr. Slauenwhite. I would call on Mr. Bryan Smith, if you would care to address us.

MR. SMITH: This is also a personal brief, which I would like to present at this time to the Commission.

Considering that a significant group of psychological, sociological and psychiatric experts agree that cannabis is the least harmful of a group of substances known as drugs, and considering that the legal penalties for possession of and trafficking in this drug are unduly harsh in relation to those or the absence of those penalties for the use of more dangerous drugs, and considering the psychological and sociological upheavals within our society that are caused by the enforcement of the present laws, restricting cannabis and considering that in the province of New Brunswick, the emphasis lies upon the punishment of the individual offender, as a deterrent to others rather than his rehabilitation, and considering that punishment via



1 imprisonment causes considerable threat to the social and  
2 psychological individual character of the  
3 individual, both prior and during his prison  
4 considering that continued repression of  
term and / cannabis would possibly lead  
5 to the use of more dangerous chemical substances  
6 which are constantly appearing on the market,  
7 I hereby recommend that the federal government  
8 be strongly urged to remove the present  
9 restrictions that falsely classify cannabis  
10 as a narcotic and it be made legally available  
11 to those members of the Canadian public  
12 who desire its use, with strict quality  
13 control replacing legal control, and that  
14 medical treatment be made available to the  
15 abuser of this drug, as a humane and rational  
16 alternative to the punitive measures that  
17 are currently being taken against him.

18 Respectfully submitted,  
19 Bryan Smith.

20 THE CHAIPMAN: Excuse me,  
21 I was wondering if Mr. Slauenwhite and Mr. Smith  
22 could provide us with a copy of their submissions?

23 MR. SMITH: Yes.

24 THE CHAIRMAN: We have a  
25 record here, but I wouldn't want to be in error.

26 If it is convenient now, we  
27 would appreciate it.

28 You refer to the medical  
29 available  
treatment being made/to the abuser of cannabis.  
30 What is your assumption concerning the harm of





1 cannabis, possible harm of cannabis or  
2 marijuana?

3 MR. SMITH: I think that  
4 there is quite a serious matter in the definition  
5 of terms. I use the term abuser and I  
6 realize there is probably a controversy of  
7 opinion as to exactly what the word might  
8 mean. Accordingly in the U.S.A. I think  
9 abuse is thought of as meaning use of non-  
10 medical drugs. Abuse to law enforcement  
11 agencies I suppose could mean abuse of the  
12 laws as they now stand. I attempted to sort  
13 of come up with a personal definition of  
14 abuse and I don't know really whether, you know,  
15 this definition would be satisfactory. I  
16 don't know whether you could come up with  
17 a definition which would suit all individuals.

18 But I have jotted down here  
19 that perhaps abuse could mean, or it could be  
20 said that an individual abuses a drug if he  
21 uses it in such a way that it is harmful to  
22 his well-being as an individual and as a  
23 member of society.

24 Beyond that, I have not  
25 thought and I think that possibly the question  
26 of abuse could be open to medical authorities  
27 and possibly the question of abuse would have  
28 to be cleared up before any kind of a legal  
29 measure was taken by the government.

30 THE CHAIRMAN: All right.



1                               What are your own views as  
2       to what goes to the well-being as an individual  
3       of society and well-being to society?

4                               What do you understand by tha?

5                               MR. SMITH: I would say perhaps  
6       that his well-being as an individual and as  
7       a member of society means to me his ability to  
8       realize himself as an individual to the fullest  
9       possible extent and to relate to society in a  
10      positive way.

11                              THE CHAIRMAN: What would be your  
12      conception of harms to that well-being, either  
13      to realize himself as an individual, I think  
14      you said in the fullest possible way, and to  
15      relate to society in a positive way?

16                              MR. SMITH: To relate to society  
17      in a positive way.

18                              THE CHAIRMAN: What would be  
19      your conception of harms to chose two concepts of  
20      well-being or examples of harm?

21                              MR. SMITH: I think there is a  
22      great danger of over-simplifying the matter. I  
23      don't think it is a simple question you asked.  
24      I will say something on that though. I think that  
25      harm could vary with the individual and I can't  
26      cite any specific harms, that would threaten the  
27      individual's well-being as a user of cannabis.  
28      I think this is a matter of individual concern  
29      and I really don't wish to make any kind of  
30      generalization.



1 THE CHAIRMAN: Well, one of  
2 the things that has been mentioned, is a  
3 possible concept of harm to this definition  
4 of well-being to society. Well-being to  
5 society has been what has been referred to  
6 as a motivational syndrome, a hypothesis that  
7 excessive use of cannabis and possibly other  
8 drugs may develop a kind of, let's say,  
9 incapacity or indifference to acting in this  
10 positive way, <sup>in-</sup> difference to, let's say,  
11 lassitude or impotence. This is a hypothesis.

12 Supposing widespread use of  
13 cannabis could be shown to change one's  
14 attitude towards what we sometimes refer to  
15 as drive, towards work, towards God, towards the  
16 kind of social outlook that we call for now  
17 in society. Would you call that a harm to the  
18 well-being of society as you define that well-  
19 being?

20 MR. SMITH: Well, I would  
21 like to go back to the first statement that  
22 you made on this specific question. You spoke  
23 of excessive use of the drug and you said  
24 that excessive use of the drug has been  
25 thought of as a possible cause of lack of  
26 motivation, of perhaps introversion on the  
27 part of the individual. I can only cite  
28 one sort of piece of research on this, research  
29 done by Dr. Eric Goode, an American sociologist,  
30 who found in experiments which he conducted





1 on marijuana as used by youth, that marijuana  
2 did not make for less social interaction  
3 among youth, that in fact it accompanied  
4 recreational activity . I think there is a  
5 very great danger in attributing to marijuana  
6 the ability to draw out of us dark,  
7 subterranean forces and I would care to stay  
8 clear of that myth at this point.

9 THE CHAIRMAN: Dr. Lehmann?

10 DR. LEHMANN: There is  
11 another possible definition of abuse following  
12 along the lines that you suggested and that  
13 would be in one way the individual or social  
14 well-being might be interfered with through  
15 excessive use of a drug, but it could also  
16 happen that somebody has certain personality  
17 qualifications which render him more  
18 susceptible to a breakdown. And then  
19 taking a psychedelic drug, he might have a  
20 psychotic episode or depressive episode and  
21 this is well documented by now. There are  
22 quite a number of papers that have appeared  
23 recently where one of them, I think, twelve  
24 soldiers in Viet Nam under War conditions,  
25 who developed psychosis following marijuana  
26 smoking. It was well established that  
27 the psychosis were positively related to the  
28 marijuana, not to the war.

29 There are also cases of  
30 students and other people who have certain



1 personality weaknesses who, when smoking  
2 marijuana, became psychotic.

3 Now, the question then is,  
4 would it be necessary to establish first of  
5 all, that somebody who has personality  
6 qualifications which would render him immune  
7 to the potential breakdown following marijuana,  
8 or would you say that is going too far?

9 MR. SMITH: I don't think  
10 I would go that far, in fact I am not quite  
11 sure in my own mind, you know, how far I am  
12 willing to think into this whole medical  
13 field, because I am obviously, you know, not  
14 expert in that field.

15 But to go back to your  
16 original statement it has been found, and I  
17 support you, that the effects of the drug  
18 cannabis are less a function of the drug  
19 itself than of the individual concerned.  
20 However, I would add to the statistics that  
21 you quote, that I consider it quite possible  
22 that someone who has gone through either/<sup>a</sup>war  
23 or through some of our educational institutions --  
24 I didn't mean to be facetious.

25 DR. LEHMANN: Well, be that  
26 as it may, he will then be more susceptible to  
27 breakdown and therefore it would be abuse if  
28 such a person would be allowed to smoke.

29 MR. SMITH: Yes, this is  
30 precisely why I call for the -- and I feel very





1 strongly about this. I call for some kind  
2 of medical treatment be made available to  
3 individuals who do abuse the drug, but I also  
4 feel that this is a far more rational  
5 approach than the current punitive measures  
6 that are being enforced today.

7 DR. LEHMANN: Thank you.

8 THE CHAIRMAN: You speak of  
9 an ability to develop one's potential to  
10 the full. Do you have any assumption  
11 concerning the effect of drug use on the  
12 development of the personality of young people  
13 when taken in their formative years, as young  
14 as twelve, let us say, thirteen, fourteen?

15 Have you formed any opinion  
16 of that, or do you just assume it having no  
17 effect on their development, on their  
18 personality development?

19 MR. SMITH: I don't make any  
20 real assumption on that matter. I would,  
21 though, perhaps say that none of the  
22 depersonalization which occurs under a drug  
23 like LSD seems to occur under the use of  
24 cannabis, although we must make room for  
25 individual differences in this area. But  
26 I would not like to make any kind of assumption.  
27 I think that the whole question of drugs is  
28 too riddled with assumptions already on the  
29 effect that marijuana might have on the  
30 personality development.



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THE CHAIRMAN: In other words, you don't really make any assumption as to the potential for harm of marijuana?

MR. SMITH: No, I don't make an assumption.

MR. CHAIRMAN: Your case rests entirely on the last point regardless of the potential for harm, the present legal treatment of it is wrong?

MR. SMITH: Yes, I think that is a fair estimate.

THE CHAIRMAN: Thank you.

I call now on Mr. Thomas Crawford.

MR. CRAWFORD: Because of the short notice we have had, that you would be appearing and because of the emotional upheaval that I have been going through because of the recent drug bust here in Sackville, I have decided to save comments for a written brief which I will submit later.

THE CHAIRMAN: Thank you. I will call now on Miss Rebecca Could.

MISS COULD: I am not a teacher, I am a student at the high school.

This afternoon one of our teachers suggested that perhaps I circulate a petition at the school, just to get the ideas and opinions of the students, and so I did. Out of about nine hundred students



1 since this afternoon, we have had almost  
2 two hundred signatures. I would just like to  
3 read what is in it.

4 We, the undersigned, wish  
5 to state the support of any governmental  
6 steps to legalize marijuana. We feel that  
7 the laws of this province are unduly harsh  
8 in proportion to the offence. The punishment is  
9 very detrimental to the character of the  
10 offenders, <sup>is an</sup> We also believe it/impingement on  
11 and hence personal liberty/must be rectified.

12 THE CHAIRMAN: Thank you. Did  
13 you say two hundred students in the school?

14 MISS COULD: Approximately, yes.

15 THE CHAIRMAN: Is there any  
16 distribution by grades or age?

17 MISS COULD: The majority of  
18 these are from senior students, but there are  
19 a number from the junior students as well.

20 THE CHAIRMAN: What age  
21 would they be?

22 MISS COULD: Well, senior  
23 students from perhaps fourteen, to eighteen,  
24 nineteen.

25 THE CHAIRMAN: What would be  
26 the proportion -- did you say fourteen to  
27 eighteen, nineteen?

28 MISS COULD: Yes.

29 THE CHAIRMAN: What would  
30 be the proportion of boys and girls?





MISS COULD: I really don't think there has been a great discrepancy between the numbers of boys and girls that signed.

THE CHAIRMAN: You think it would be more or less evenly divided?

MISS COULD: Well, it's not  
obviously one way or the other.

THE CHAIRMAN:                   What is the proportion of the two hundred students? Do you have figures of how many boys and how many girls?

MISS COULD: About the same.

THE CHAIRMAN: About equal,  
yes. Thank you. Are there any questions  
for Miss Could? Dean Campbell?

MR. CAMPBELL: Miss Could, could you tell us anything, and this would perhaps have to be an intuitive estimate, about the extent of drug use in this school, about what the patterns are, and what the development pattern has been, something of the attitude of the students towards these drugs?

MISS COULD: Well, most of the people that are exposed to a great extent to psychedelic music, psychedelic clothes -- well, you know, sort of the mod clothes and everything, most of these people have some experience with drugs and many have quite a great experience.



1 THE CHAIRMAN: Quite a grave --  
2 great experience, excuse me. What do you  
3 understand by great experience? Could you  
4 convey to us the significance of that?

5 MISS COULD: Most have a  
6 fair knowledge of the effects of marijuana  
7 and its derivatives like hashish, and also  
8 have done LSD a number of times and some have  
9 done drugs like MDA

10 THE CHAIRMAN: I understand  
11 then by great experience, you mean extensive  
12 experience?

13 MISS COULD: Well, relatively  
14 to the size and the time.

15 THE CHAIRMAN: Yes, but you  
16 are speaking about the extent of the drug use,  
17 when you say great experience. I am not  
18 trying to put words in your mouth, I am trying  
19 to understand what you meant.

20 MISS COULD: That they have  
21 sort of, well, more than just a mere  
22 knowledge of drugs, -- they have experienced  
23 several.

24 MR. CAMPBELL: Tell me, Miss  
25 Could, something about the factors that would  
26 influence the judgment of the bulk of the  
27 students who signed this petition, what type  
28 of concern has led them to take this particular  
29 position? Has it been (inaudible)  
30 for instance?





DR. BURKE: I am only going to read excerpts from this brief, because it supports -- it is a personal brief, again, but it supports to an extent the statements which you have heard from Mr. Bradley Slauenwhite and Mr. Bryan Smith.



1 THE CHAIRMAN: I notice,  
2 Dr. Burke, that it says here that you are a  
3 member of the Canadian Civil Liberties Association.  
4 You are not speaking for the Association?

5 DR. BURKE: I am not. I am  
6 just speaking individually.

7 THE CHAIRMAN: Thank you.

8 DR. BURKE: It seems to me there  
9 is a need for the restructuring of the drug  
10 laws of Canada and I base this upon the  
11 assertion made in an article published in the  
12 Canadian Medical Association Journal last  
13 December: The continued disdain of marijuana  
14 users for punitive legislation has forced  
15 us to re-examine the justification for  
16 and consequence of laws which treat the  
17 misuser of any drug as a criminal. And if I  
18 just might add a parenthesis, it seems to me  
19 that there was a semantic difficulty involved  
20 in the discussion following Mr. Bryan Smith's  
21 submission, namely the use of the term abuse,  
22 when my understanding is, at least from the  
23 medical point of view, that the correct term  
24 to employ would be misuse in order to remove  
25 the emotional associations involved, particularly,  
26 from the legal standpoint of the term abuse.

27 I would further submit  
28 that we need a more realistic approach to the  
29 question of the misuse of drugs and in order  
30 to arrive at this more realistic approach,



1       it seems to me we should follow the  
2       principles recently laid down by the Ouimet  
3       Commission, three of them are pertinent, it  
4       seems to me, and I paraphrase them: nothing  
5       should be criminally prohibited, which is not  
6       substantially damaging to society, 2, nothing  
7       should be criminally prohibited which can  
8       be adequately controlled by forces other than  
9       criminal laws and 3. No laws should give rise  
10      to social or personal damage greater than that  
11      for which it was designed to prevent.

12                               I would further submit  
13      that in implementing this more realistic  
14      approach, that several -- that three things  
15      should be undertaken: 1. more accent  
16      should be placed upon accurate education  
17      in respect to all drugs, so-called, 2. that  
18      there should be an intensification of some  
19      pharmacological and medical and psychiatric  
20      and sociological and psychological research  
21      and 3. that there should be provision for  
22      diagnostic and treatment facilities for  
23      rehabilitation of those involved in misuse  
24      of drugs, rather than the present punitive  
25      measures.       Moreover, I would like to  
26      state my agreement with the many concerned  
27      groups in Canada which have over recent  
28      months recommended <sup>that</sup> simple possession of  
29      marijuana be no longer treated as a criminal  
30      offence, punishable by imprisonment.





1 I cannot accept the attitude and the resultant  
2 actions which seems to exist in the mind of  
3 some of the administrators of the law that  
4 deterrence through harsher sentences should be  
5 the first priority in trying to cope with the  
6 drug issue.

7                   Indeed, I would urge that in  
8 respect to marijuana and other cannabis substances  
9 that some sort of a moratorium be announced so  
10 that young people in particular would not be  
11 further subject to police troubles. At the same  
12 time, I would urge, in this respect, that some  
13 sort of expunging of criminal records be  
14 implemented, including those criminal records  
15 released internationally, if at all possible,  
16 somehow.

17                   I base these preceeding remarks upon  
18 my substantial agreement with the findings in the  
19 position paper presented November 6th, 1969, by the  
20 Canadian Medical Association to your Commission.  
21 According to the findings stated in this paper,  
22 cannabis substances are generally conceded by most  
23 authorities to be the least harmful of all drugs  
24 available either legally or illegally, while the  
25 so-called psychedelic drugs are the next least  
26 harmful. As an individual therefore, I would further  
27 urge, 1. Under the strictest governmental control  
28 in all respects, including strong provisions against  
29 all advertising, that cannabis substances be made  
30 legally available and 2. that under the



1 strictest governmental and psychiatric  
2 psychological control in all respects, including  
3 strong provisions against all advertising that  
4 the so-called psychedelics be made legally  
5 acceptable to volunteers who might seek such  
6 an experience under favourable conditions.

7 In both cases, every effort  
8 should be made to educate. At the same time  
9 every effort should be made to bring about  
10 a juster conformity between legal rights  
11 and voting age for young people. To conclude,  
12 the position paper of the Canadian Medical  
13 Association admits that the present outcry  
14 against marijuana lumps together with other  
15 so-called psychedelics is largely a red  
16 herring and takes attention away from far more  
17 serious matters. In fact the most serious  
18 drug problem among the young remains alcohol,  
19 but that again is a combined personal social  
20 problem, not a problem for the criminal  
21 pursuit. But the fact of the matter is  
22 that the present drug legislation is  
23 not working, except unjustly. There seems  
24 to be two alternatives, one, either more and  
25 more legislation leading to the danger of  
26 more and more oppression and the possibility  
27 of a police state, vigilanti tactics as  
28 are appearing across the land, or the  
29 restructuring of drug laws to be put into  
30 line with social realities while at the same





time and perhaps more importantly to bring into line with an intelligent and humane attitude towards all members of society, caught up in the human condition of the latter half of the twentieth century.

Canadians have a unique opportunity to take a leading position among the Western societies and they could lead their young and old, citizens alike, who happen to be unfortunately involved in the misuse of drugs, not as criminals, but as human beings who need help.

Let there be a stop to the tormentment of young people. Let there be a stop to the undue demands and responsibilities given the police. Let there be a stop to our unnecessary court costs. Let there be a stop to the loose designation of young people, especially the traffickers, because they have made a soft drug available between their friends. Let there be a stop to the conditions which bring distain upon Courts. Let there be a stop to public hysteria.

In a small community, like Sackville, and particularly in one high school, people have been exposed, either directly or indirectly since last November to the upset and distress, to the mental, emotional and physical stress caused by the present lopsided



1 nature of Canadian drug laws. Over this  
2 period, people have been alienated, others have  
3 been harshly punished, others have perhaps  
4 perjured themselves, and others have been  
5 distracted from their major concerns.  
6 Such conditions should not prevail. They  
7 should not happen again anywhere in Canada.

8 THE CHAIRMAN: Thank you,  
9 Professor Burke.

10 Professor Bertrand?

11 PROFESSOR BERTRAND: Yes, I  
12 would like to understand you. If I misunderstood,  
13 you said the <sup>misusers</sup> of drugs, be it children or  
14 adult people, would call for available help,  
15 there would be some help in the community for  
16 those people?

17 DR. BURKE Yes, indeed.

18 PROFESSOR BERTRAND: Would you  
19 see that forced upon those persons who would have  
20 misused the drug, or would you see it simply as  
21 there?

22 DR. BURKE: Well, first of  
23 all, I would see it as there. It seems to me that  
24 the seriousness of the misuse would make it  
25 evident to social workers or friends or doctors,  
26 or ministers, that such an individual needed  
27 help.

28 PROFESSOR BERTRAND: What  
29 about the very young? Would you leave it up  
30 to them to be helped?



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MR. BURKE: No, certainly

not. I am sorry, I am speaking of adults when I say there should be a freedom for the adult to exercise his own judgment unless he has misused it to such an extent as in the case of alcoholics where they need to be taken to a clinic, sometime, because they refuse to go on their own. But as far as the very young are concerned, I certainly agree that the strict control of, governmental control, without making it criminal, is best, and at the moment a young child was detected in trouble here, to help him.

PROFESSOR BERTRAND: Yes,

but you see the trouble even on this matter, is we are leaning I think, to cases of misuse with psychological damages as well as clinical damages and you cannot impose help on anyone, I am afraid, who doesn't care to be helped.

MR. BURKE: Speaking again

of the very young ---

PROFESSOR BERTRAND: How old

do you define the very young?

MR. BURKE: Well, granted we

cannot interfere with human freedom, and there are tragic forces at work which do damage children psychologically and allow them to become involved in this unhappy situation and I stress the need for education as I did, as a preventative.





1  
2 THE CHAIRMAN: Do you  
3 recognize, Professor Burke, that the state has  
4 any responsibility with respect to the availability  
5 of dangerous substances?

6 MR. BURKE: Yes, it certainly  
7 does.

8 THE CHAIRMAN: How is it  
9 to do that, except by criminal law?

10 MR. BURKE: By placing them  
11 under prescription.

12 THE CHAIRMAN: Yes, that  
13 is one way. Let us think of dangerous  
14 substances that don't necessarily have a medical  
15 use.

16  
17 Do you  
18 recognize that the state has a right to restrict  
19 their availability?

20 MR. BURKE: Yes, I do.

21 THE CHAIRMAN: How is that  
22 restriction to be carried out, except through  
23 law and except through prohibitions against the  
24 availability, against the distribution of those  
25 substances without authority, without permission?  
26 How else is it to be effective?

27 MR. BURKE: Well, I was  
28 not addressing myself as much to the question of  
29 distribution as I was to the question of  
30 how the person who has misused a drug or  
so-called drug should be given treatment and



1 I simply repeat that that person should be  
2 given rehabilitation rather than punitive  
3 treatment.

4 THE CHAIRMAN: So that  
5 your recommendations concern a change in the  
6 law, as I understand, relate to the simple  
7 possession for use of marijuana. Do they go  
8 beyond that? I think you recommended legalization  
9 of marijuana?

10 MR. BURKE: Yes sir.

11 MR. STEIN: Just to see if  
12 we can clarify one other question. When you  
13 talked about terms of the business of making  
14 treatment available you said that the person,  
15 if you were a young child, steps should be taken  
16 to assist him, whether or not he may want that  
17 assistance. Would you care to comment on  
18 what you consider to be -- would you relate any  
19 age to being an adult or would you care to  
20 comment on what age you have in mind?

21 MR. BURKE: No sir, I do  
22 not. " It seems to me there are individual  
23 differences that have to be recognized in the  
24 humane treatment of people in society. But I  
25 did make one statement in my brief, that the  
26 legal duties imposed upon an individual should  
27 be in conformity with the age he is given  
28 legal rights, particularly the voting age  
29 and this is of course, if there was a discrepancy  
30 across the land.





1 DR. LEHMANN: Professor Burke,  
2 would you go as far as to recommend compulsory  
3 treatment for a child, let's say, of twelve years  
4 of age or thirteen years of age, who doesn't want  
5 to be treated and whose parents perhaps don't want,  
6 or do not make any sustained efforts to obtain  
7 treatment.

8 MR. BURKE: If this child is,  
9 according to medical opinion, clearly in danger, it  
10 seems to me that it is a hypothetical case.

11 DR. LEHMANN: Oh, that happens.  
12 This is just not an academic question. There are  
13 many twelve year olds who are in this position.

14 MR. BURKE: Well, I think they  
15 should be given some kind of help, very definitely.

16 DR. LEHMANN: There are in the States  
17 and there are some here. Well, that would of course  
18 mean new legislation because this doesn't exist.  
19 And what about the adult who is clearly in danger and  
20 damaging himself, but does not want to have treatment?

21 MR. BURKE: As far as the adult  
22 is concerned, it seems to me that the question  
23 there is one of whether he is harming other  
24 people substantially or is a substantial danger  
25 to society at large, then very definitely  
26 steps would have to be taken.

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1 DR. LEHMANN: Well,  
2 the same reason for which he would now be  
3 committed to a mental hospital for psychosis  
4 for instance?

5 MR. BURKE: I would assume  
6 so, but I don't know what those conditions are.

7 THE CHAIRMAN: Thank you,  
8 Professor Burke.

9 I call now upon Mr. A. F. Levin,  
10 Professor of Mount Allison.

11 PROFESSOR LEVIN: Thank you.  
12 Again, I have a private brief. I hope that you  
13 hear about the counts in Sackville in some detail,  
14 and what I have to say is pretty much predicated  
15 on such a presentation, but I will review the  
16 brief before the Commission.

17 Last fall we had a series of  
18 arrests over a weekend, in a period in which a  
19 number of young people, particularly in the high  
20 schools, were interrogated by the R.C.M.P.

21 I talked to some fifteen  
22 year old, sixteen year old, seventeen year olds  
23 who were interrogated, and what I have to say  
24 has to do with the attitudes of those people  
25 as I talked to them at various stages after  
26 the arrests were made.

27 Most of these young people  
28 who I talked to, and particularly the ones  
29 I talked to in depth, who were also interrogated  
30 by the R.C.M.P. -- What I want to report is



what they said. Now, whether their account of what happened is factual or not, is not the nature of my argument or my point.

What my point is, <sup>is</sup> that this is what I think they believed and what they told other people and what they told themselves. In other words, this is some of the ideas on which they will count on the police in the future, and other law enforcements.

One thing I want to make clear is I am not trying to criticise the Sackville R.C.M.P. or any other police force. It could be taken from my statement, but this is not my intent. My comments are based on, ~~the~~ informal interviews and discussions with young people and some semi-structured sessions, particularly in early December. Among that group were both people who had been interviewed and ~~some~~ who had not. So that I was interested primarily in that situation, getting the young people's responses to other young people. Some of them apparently had not had a great deal of information before that discussion.

Anyway, I will make two conclusions in stating events so that you will see some of my comments. First of all, a segment of Sackville's young people has developed an attitude of distrust towards the police and towards the system of justice for





1 which they are the immediate representatives  
2 to the public. And secondly, the arrests and  
3 interrogations last fall, have served to confirm,  
4 if not to initiate that distrust.

5 First of all, some of the comments  
6 of the young people regarding interrogations. Some  
7 of the students believed that some of those that  
8 were questioned were told that if they talked they  
9 would not have to go to Court, and that if they  
10 did not talk they would have to go to Court, and  
11 all this is exact quotations; but if they did not  
12 talk their names would be splashed all over the  
13 newspapers. Some young people claimed that they  
14 had been told that they would be charged for  
15 possession "because they had it in them". One  
16 young girl, according to secondhand accounts, was  
17 called a whore and a prostitute. Others with  
18 whom, I did talk, felt that this was the implication  
19 of some of the questions asked concerning the  
20 source of money with which they bought LSD in  
21 particular.

22 Concerning their rights, concerning  
23 the questioning and so forth; some of them  
24 insisted they were not told their rights before  
25 being questioned involuntarily. Some say that they  
26 were told their rights but when asked if they  
27 understood, protested that they did not, and after  
28 protesting that a few times, they were told they had  
29 to answer.  
30



1 questions anyway. One girl said she was  
2 crying so hard, she was "hysterical", that she  
3 did not understand what was told her.

4 In summary, I think this just  
5 about typifies the attitude of some young people  
6 with whom I have talked: "I don't know about the  
7 police, but the R.C.M.P. are pathetic."

8 That is not my attitude at all.  
9 In fact, the contrary. So my points are, that  
10 interaction of a complex nature between the police  
11 and the young people or indeed the public as a  
12 whole, and conflicting action, should be kept at  
13 a minimum because it leads to antagonisms between  
14 the police and loss of cooperation between the  
15 police and the public.

16 Secondly, that the present use of  
17 drugs by young people and the laws lead to such  
18 conflict interaction.

19 Thirdly, unless there is some  
20 overriding dangers in the use of particular drugs  
21 such as there clearly is with so-called speed and  
22 the opiates, that the law should be halted in such  
23 conflict interaction and resulting antagonisms.

24 I am collecting some written  
25 statements from the students and if I could have  
26 the assurance of the Commission that they would be held  
27 in confidence,---

28 THE CHAIRMAN: Yes, they certainly  
29 will. If you could  
30



1 have them sworn, taken under affidavit, it  
2 would be that much more useful to us, but  
3 don't---

4 PROFESSOR LEVIN: I think you  
5 can understand my position particularly where  
6 young people are concerned.

7 THE CHAIRMAN: Yes. Don't let  
8 that be an obstacle. We will look forward to  
9 you sending them on.

10 DR. LEHMANN: May I just ask you  
11 one question? Has any of these people made any  
12 official complaint against this treatment by the  
13 police, allegedly this abusive treatment by the  
14 police?

15 PROFESSOR LEVIN: I believe not.

16 DR. LEHMANN: Why not?

17 PROFESSOR LEVIN: Two reasons.  
18 I think they didn't know how to go about it,  
19 and secondly I think many of them felt  
20 intimidated not particularly by actions of any  
21 particular agency but simply by not knowing.

22 DR. LEHMANN: I see.

23 MR. CAMPBELL: These are high  
24 school students you are talking about, Mr. Levin,  
25 or university students?

26 PROFESSOR LEVIN: I am speaking  
27 about the high school students.

28 MR. CAMPBELL: And your interviews  
29 would be with high school students?  
30





1 PROFESSOR LEVIN: Yes.

2 THE CHAIRMAN: What happened in  
3 those cases, Mr. Levin, what was the outcome of  
4 the cases?

5 PROFESSOR LEVIN: One was one  
6 year and I am not sure if it is officially the  
7 County Jail or I believe the individual went to  
8 reform shcool in Kingston, he was committed and the  
9 other chap was on probation and had double  
10 charges on him, both for trafficking, got five  
11 years in the second sentence to run consecutively  
12 for a year or a year-and-a-half, sot that is  
13 six and a half years for the two sentences.

14 THE PUBLIC: Could I speak as an  
15 individual?

16 THE CHAIRMAN: Yes. Would you  
17 go to the microphrone, please?

18 THE PUBLIC: My name is Leonard  
19 Lamrock and I am the guidance counsellor at the  
20 Sackville High School. I was preparing a brief  
21 for this evening but once again it is not properly  
22 prepared for now, and I have indicated that I  
23 will be sending it on to you. I would like to  
24 comment on this gentleman's remarks and perhaps  
25 I would be able to clarify it a bit.

26 A number of high school students  
27 were interviewed. There had been a large  
28 number of indications to me from these  
29  
30



1 students, that they were harassed one way or  
2 another, certainly psychologically. Many  
3 of the comments that this gentleman has made  
4 I too have heard directly from students concerned.

5 In terms of the truth of the  
6 matter, in relation to the two young gentlemen,  
7 young boys, sent to punishment by law,  
8 one lad was given eighteen months because of  
9 trafficking in LSD. The other lad was given  
10 eighteen months on a first charge of possession.  
11 He was then given five years in penitentiary  
12 for trafficking in marijuana.

13 And I believe I will speak  
14 of this and try not to become emotional  
15 because I certainly was at the time, because  
16 I was one of the few individuals in the  
17 Court room and I can understand Court rooms  
18 can be very emotional at the time when the lad  
19 received the five years.

20 This boy was a friend of  
21 many students. I did not feel personally  
22 that he was a criminal nature and this was  
23 supported by many persons in this town. I  
24 did feel however, and I will say this, that he  
25 did need assistance. However, when he was  
26 sentenced to five years in penitentiary, I have  
27 since seen him in jail and so on, this boy  
28 has nothing but bitterness because he feels  
29 he is not a criminal, and he feels also that  
30 the treatment he will receive from other inmates



1 will create in him not only attitudes about  
2 life in general, but about his own personal  
3 life, which will cause him great concern.

4 So I see this as an extreme  
5 injustice in relation to the law, and in  
6 relation to the crime in quotation marks that  
7 he committed.

8 THE PUBLIC: Why didn't  
9 you help him before then? You said he needed  
10 assistance. Why didn't you help him instead  
11 of letting him get busted?

12 THE PUBLIC: Should I  
13 direct answers to individuals or <sup>from</sup> the table?

14 THE CHAIRMAN: They  
15 should be directed to the Chair, I think.

16 THE PUBLIC: That was  
17 impromptu.

18 THE CHAIRMAN: I would like  
19 to call upon Mr. Bruce Chapman.

20 MR. CHAPMAN: I don't  
21 have a written brief at this point. A friend  
22 of mine and myself are presently preparing  
23 an in depth survey of drug use on our campus.  
24 I am afraid we just began this this afternoon  
25 and it will take us about two weeks and then  
26 we will send it to you in the mail, or however  
27 it is.

28 I would like to indicate  
29 something that was a surprise to us, and I don't  
30 know what relevance this has, and I don't think





1 that it is any that I can see, after what  
2 has been said tonight, except that I am in  
3 complete agreement with it. In just two  
4 hours of research this afternoon, and we  
5 think that would only be a small part of the  
6 time we will be spending on the brief, and the  
7 research, we have discovered that the drug  
8 use of Mount Allison is prevalent -- there are  
9 a lot of people doing it.

10 I am in no position  
11 scientifically to give you a percentagewise,  
12 but taking into account what part of the campus  
13 has been researched and this sort of thing,  
14 at present our percentage stands at slightly  
15 around 8% -- that is one ---

16 MR.CAMPBELL: Did you say  
17 8 or 80?

18 THE PUBLIC: Eight.

19 THE CHAIRMAN: I am sorry,  
20 is that the number of students you have spoken  
21 with?

22 THE PUBLIC: In round  
23 figures, well you will just have to take my  
24 word for it.

25 THE CHAIRMAN: No, I am  
26 not questioning it, but I just want to understand  
27 it. You said a hundred students which would  
28 represent 8%?

29 THE PUBLIC: Yes, that  
30 would be -- I am not prepared to divulge the method,



1 but it is a fact that it is quite accurate,  
2 extremely accurate. Now, my personal ---

3 THE CHAIRMAN: Excuse me,  
4 I know I am being obtuse here, but if you will  
5 just be patient for a minute. Is this a  
6 hundred students using drugs?

7 THE PUBLIC: Well,  
8 the criterion that we used in our  
9 research and it was just that we were looking  
10 -- we weren't looking for people with pinholes  
11 in their arms, but we were sort of thinking  
12 aloud ---

13 THE CHAIRMAN: I don't want  
14 to know your methodology. I just want to know ---

15 THE PUBLIC: Here is the  
16 criteria ---

17 THE CHAIRMAN: Are there a  
18 hundred users or a hundred people you have  
19 spoken to, that's all I want to know.

20 THE PUBLIC: At this  
21 point, at the very beginning, in our research,  
22 we had 8% of people who have used, at least  
23 only dealing with marijuana -- okay, 8% of the  
24 students that we researched used marijuana  
25 more than once and likely intend to do it again,  
26 but that is the sort of criteria, I am not  
27 trying to be facetious, but you know, not  
28 somebody who has just tried it once and I  
29 guess, I suppose, you could say users, how often,  
30 is none of our business at this point.



1 But what I was going to get back to, is that  
2 this 8% from my figures and my thinking, on  
3 what aspect of the campus has been researched,  
4 represents just a fraction of what the final  
5 result would be.

6 Now of course what the  
7 final result at this point would be, would be  
8 a guess, but just -- I don't know if I can  
9 explain to you my thought process behind  
10 this, I would say it is going to be up in the  
11 range -- I think that a quarter is just a  
12 bit conservative and so that I believe that  
13 it will be just slightly more than 25% for  
14 the people on this campus, the students, because  
15 we haven't talked to any faculty members,  
16 25% of the people on this campus are eligible  
17 for seven year sentences at least, and we  
18 didn't take into consideration who was selling  
19 the drugs and exactly what they are doing with  
20 it, other than the ones that are using it  
21 themselves.

22 So I have really nothing  
23 more to say except that when we have completed  
24 this survey, we will get it to you somehow,  
25 but this came as a surprise to me and  
26 possibly you know I could be wrong in the final  
27 figure, but I think it is going to be within  
28 the range of maybe two or three per cent of a  
29 quarter of the students in this university,  
30 so you know, you can take that for what it is





worth.

THE CHAIRMAN: Thank you very much. Is there anyone else who would like to make any submissions?

Unfortunately we have to leave shortly for Prince Edward Island tonight, but we have a few more minutes.

THE PUBLIC: I would like to talk for just a few minutes, with my very limited education and my limited knowledge, but I would just like to say something to one man when I interjected a comment, that I feel is of the greatest importance to drug users, and that is what we are discussing, is I am speaking up here and you ain't.

That is what I am doing.

Now, the biggest thing that I find with cannabis and most drugs used now, is that everyone is talking about, you know, let's legalize it, let's turn it out, and legalize it, but I think that without a control on the legalization then you are going to have problems that no one can foresee in the future. In my own example, I have a personal experience, an experience of Dr. Siegal and of the Drug Addiction and Research Foundation of Toronto -- that is where I am from -- and the LSD that these kids buy and we kids buy and we go great, we have got some acid.

I will use a figure that will



1       be relative to a few people here, Sunshine tabs,  
2       yellow Sunshine tabs contain 28 micrograms  
3       of LSD.       Now in a book by Professor  
4       Smart from the University of Toronto, which is  
5       a discussion certainly of LSD in hospitals for  
6       treating alcoholics, the LSD dosage which  
7       a human being should take to get any reaction  
8       at all, that is, to get the LSD reaction  
9       which you are supposed to get, you know, which  
10      is the reaction, is at least 100 micrograms.

11                       So what we are getting here  
12      is crap.       We are getting baking soda, a bit  
13      of acid, mostly speed and strychnine which  
14      kills and you know, all these other little bits  
15      and pieces thrown in, and they are being sold  
16      at enormous prices for what it actually costs  
17      to make it, and that is shown simply because  
18      if you are a <sup>or</sup>pusher dealer for fifty cents, and  
19      here you pay three-fifty.

20                      Now, just the thing that  
21      I am most concerned about is not the legality of  
22      the drug, but the control of the drug for  
23      the user, for the kids who are getting it now.  
24      I would like to suggest to this fellow who said  
25      when a person is busted, well you get caught  
26      and you get a reaction that is personal, all  
27      of a sudden it is personal.

28                      Well, in Toronto, I will tell  
29      you a personal experience, I had a friend who was  
30      put away for the rest of his life because he is



1 a speed freak and psychopath and beyond help,  
2 because of lysergic acid diethylamide, the  
3 use of mescaline, peyote the same things that  
4 people know nothing about. One of them is  
5 called STP and nobody knows--it came out as  
6 a black market drug in the first place, and  
7 no one knew the dosage, and this particular  
8 person took an overdose and nearly killed  
9 himself.

10 But Miss Could seemed to think,  
11 well, okay now that it is striking close, "let's  
12 legalize it, so we can get the boys out of jail".  
13 The thing is that I am more worried that Miss Could  
14 should be worried about what they are getting  
15 now and dropping every Saturday night, because  
16 it is not LSD and it is the thing that is going  
17 to buggar more people up from going to jail.  
18 If you get cannabis, which is cut, with alfafa  
19 or anything like that, you are paying for  
20 something you are not getting; if you get hash  
21 which is cut with opium, you are paying for  
22 something that you are not getting, and what  
23 you are getting is a hellava lot worse than  
24 what you are paying for.

25 Opium is addictive, it is an  
26 opiate, and I don't see how people can worry  
27 so much about legalization and I think the  
28 Commission should be looking more at the  
29 drugs that are going around and kids are doing  
30





1 strawberry double downers, purple (inaudible)

2 and it is all bad, it is  
3 not LSD, it is crap. Some of it is sugar,  
4 some of it is baking soda, some of it is glue.

5 Now it is thrown together  
6 and nobody gives a damn and I think if we all  
7 sent the tablet that we got on Saturday night,  
8 sent it to Dr. Segal in Halifax, we would find  
9 out, people would begin to realize kids are  
10 getting rooked and their minds are being played  
11 with by the guys that are selling it, so that  
12 eliminates my Jones help.

13 I think in particular we  
14 are working with a situation where in this campus  
15 I would make a bet that whatever Mr. Chapman  
16 says, that under five people on this campus  
17 have ever taken LSD. Lysergic acid diethylamide  
18 of 100 micrograms. I doubt if anyone here  
19 has taken over 300, and if they have, then  
20 they would certainly know not to touch what  
21 is being sold because what you are getting  
22 is, as I talked to people this afternoon, what  
23 you get is a little rise and then you don't know  
24 where you are, and you go back down and that  
25 could lead to serious difficulty.

26 I think if you want to  
27 control LSD, if you want to keep people from  
28 getting messed around, legalization, certainly,  
29 but what you have to do is have a supply and  
30 have the people come to the supply rather than



1 the supply go to the people. But with  
2 alcohol you have got the supply going to the  
3 people, and you get rooked with all kinds of  
4 things, rot gut, Newfie Screach, all these  
5 kinds of things, whatever anyone may think will  
6 certainly help an alcoholic into a hospital  
7 where many people may not realize it, but  
8 the biggest -- the newest invention to give  
9 an alcoholic is LSD, pure LSD. And they  
10 give them LSD to keep their mind off their  
11 problems and it certainly does.

12 <sup>here</sup> But I think/that you have  
13 a high school situation which is revolting,  
14 because the kids are worried about keeping  
15 their friends from being busted and yet the  
16 guys who got busted, from reports I have  
17 heard, not reports I know, had it in their  
18 room. Now anyone who has got a brain  
19 doesn't keep it in their room, because the  
20 cops can search their room, and it is going  
21 to be there. I think if Professor Burke  
22 instead of worrying about the legal aspect  
23 was worrying about the kids who are getting  
24 rooked, and I don't mean -- I think there is a  
25 big influence, that people go up and they go  
26 down on an eight hour trip and think, well,  
27 I am safe. But what happens is ---  
28 the reactions are in there. You don't stay  
29 up for ten hours and stay up for the rest of  
30 your life when you are up. What you do, is



1           come down.           The toxicity of LSD is, well,  
2           you can take 1500 micrograms and not have any  
3           permanent physical reaction.           Like you will  
4           not stay high for the rest of your life.

5           1500 and 100 will give you a reaction.    It  
6           is revolting to think that people are taking  
7           20, so much of them, getting a bigger thrill,  
8           a (microdot) is very, very small, and acid is  
9           smaller.           So even if you were getting  
10          pure LSD, you know, it is foolish.        But I  
11          think the people who are -- just one minute.

12                           THE CHAIRMAN:    Yes.

13                          THE PUBLIC:    I think the  
14          people should be more aware, and especially  
15          the high school students, of what they are  
16          getting, because they are getting rooked.

17                          THE CHAIRMAN:   Do you think  
18          that the state has a responsibility to restrict  
19          the availability of dangerous substances?

20                          THE PUBLIC:    I feel that the  
21          people who want dangerous substances are going  
22          to get them.

23                          THE CHAIRMAN:   Well ---

24                          THE PUBLIC:    Just a second.  
25          I will use some examples and not a theory of mine.  
26          I feel if someone who wants to drop acid is  
27          going to get acid; it may be black and filled  
28          with methedrine                      and all kinds of  
29          garbage, but he gets it.       Now why, I think that  
30          the government should give him LSD after





1 psychiatric and medical tests he appears  
2 fit to take it. The normal person, not  
3 one who has schizophrenic tendencies that  
4 a psychiatrist can pull out of his hat, you  
5 know, he can see on the surface, but I think  
6 the person who is going to get LSD is going  
7 to get it, so why not give him good LSD rather  
8 than let them mess around with the heads  
9 on the street level, where they can pass  
10 anything off and because they have never had  
11 LSD, the kids get sucked in.

12 THE CHAIRMAN: Do you  
13 think that the government is wrong in making  
14 thalidomide illegal and restricting its  
15 availability?

16 THE PUBLIC: No.

17 THE CHAIRMAN: Well, then  
18 do you think if it is found that  
19 an inferior or illicit thalidomide was being  
20 distributed, with some adulteration in it,  
21 it might be noxious that the government  
22 should say we had better distribute thalidomide  
23 because they are not getting good thalidomide?

24 THE PUBLIC: I don't  
25 think the government will hand it out.

26 I think people who want thalidomide and are  
27 willing to pay/ <sup>well,</sup> go to them and say, can I have  
28 it, and they will check out the situation and  
29 see if there is another drug that will do the  
30 job, then they will hand them that, and if there



1        isn't, then give them thalidomide, but at least  
2        it is not full of dust or whatever you get,  
3        you know, in thalidomide.

4                                THE CHAIRMAN:    The important  
5        thing is a pure substance, regardless of its  
6        harm to those using it.

7                                THE PUBLIC:    No, it is  
8        not regardless of its harm.        The harm of  
9        LSD, and I am not positive, because I don't  
10       know, but I am fairly sure that doctors would  
11       agree with me, that such as people who have  
12       taken so many LSD trips, they don't know what  
13       they are doing, like Timothy Leary, but  
14       I think people like that, will agree that  
15       pure LSD will do you less harm than LSD  
16       that has speed in it and just garbage and  
17       especially strychnine.    I think strychnine  
18       is -- I know it is used and ---

19                               THE CHAIRMAN:    How do you  
20       know it is used?        What is your basis for  
21       this comment?

22                               THE PUBLIC:    The Drug  
23       Addiction        Research Foundation took a  
24       sample that one of my close friends handed in  
25       them, and pulled it apart and said, "well,  
26       it is strychnine in it".    In the pill.  
27       Now, whether that has any  
28       relationship to the LSD, I am not able to say.

29                               THE CHAIRMAN:    Your opinion  
30       is based on the Addiction        Research Foundation



1 tests?

2 THE PUBLIC: Yes. They  
3 took a tab of acid, looked at it and sent it  
4 back, and I believe that Dr. Segal will do the  
5 same thing.

6 DR. LEHMANN: Dr. Segal  
7 has found it once.

8 THE PUBLIC: Fine.  
9 But they don't make acid by one tablet, at a time,  
10 I don't believe. You don't get one  
11 strawberry tablet and then one blue tab.  
12 You know, you get twenty at one time. I bet  
13 they only get one of many that were  
14 circulating on the market.

15 DR. LEHMANN: Let me tell  
16 you something that will surprise you. There  
17 are psychiatrists who, given a choice, to take  
18 a drug in an unknown quantity, and even if it is  
19 pure, you get an unknown quantity, who would  
20 prefer to have an unknown quantity of  
21 strychnine than an unknown quantity of LSD.

22 THE PUBLIC: An unknown  
23 quantity of strychnine will kill you.

24 DR. LEHMANN: It depends.

25 THE PUBLIC: The quality  
26 of LSD is much higher than strychnine.

27 DR. LEHMANN: The quantity  
28 required is higher, but it has killed an  
29 elephant and if the quantity would be high  
30 enough of LSD, it could kill a human being.





1 And strychnine requires fairly large quantities  
2 before it kills.

3 THE PUBLIC: So does LSD,  
4 according to Dr. Smart in the book.

5 THE CHAIRMAN: Well, if I  
6 were going to play Russian Roulette, I would  
7 prefer the opinion of Dr. Lehmann rather than  
8 Dr. Smart.

9 THE PUBLIC: Well, I can  
10 submit the book as well as the brief if you  
11 like, and you can look it over and try and tear  
12 him apart, but I don't know whether you have  
13 ever done acid, but I think he might know a little  
14 more than you do.

15 THE CHAIRMAN: I think we  
16 will have to adjourn to make the ferry to  
17 Prince Edward Island.

18 I would like to, on behalf  
19 of the Commission, to thank everyone present  
20 tonight, for your assistance and you have been  
21 very helpful to us.

22 ---Upon adjourning at 8:25 p.m.  
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CANADA

NOUVEAU-BRUNSWICK

MONCTON

COMMISSION D'ENQUETE SUR  
L'USAGE DES DROGUES A DES  
FINS NON MEDICALES.

PRESIDENT: Monsieur Gérald LeDain.

COMMISSAIRES: Monsieur Ian L. Campbell  
Dr. Heinz E. Lehmann  
Professeur Marie-Andrée Bertrand  
Monsieur J. Peter Stein

SECRETAIRE EXECUTIF: Monsieur James J. Moore

Scéance tenue à l'Université de  
Moncton à l'édifice des Sciences  
Hospitalières, le 20 février 1970,  
à 1:00 P.M.



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REPRESENTANTE DE L'UNIVERSITE DE MONCTON: Je m'excuse, mais à la dernière minute monsieur Robichaud n'a pu se rendre.

Nous avons, comme vous le savez, aujourd'hui avec nous la Commission Royale d'Enquête sur l'usage des drogues à des fins non médicales.

J'aimerais vous présenter d'abord: Monsieur Campbell, monsieur Lehmann, monsieur Gérald LeDain, monsieur James Moore, madame Marie-Andrée Bertrand et monsieur Peter Stein.

Je crois qu'ici tout le monde parle français ou du moins vous pouvez vous adresser aux conférenciers en français. Merci.

MONSIEUR GERALD LEDAIN, président: Merci beaucoup. Je ne veux pas prendre beaucoup de temps en lisant les termes de références de la Commission, mais tout simplement vous rappeler les plus importants.

Le gouvernement nous demande de faire rapport sur les effets des drogues, de l'usage non médicale des drogues, sur l'étendue de cet usage et sur les motivations de cet usage, aussi sur les facteurs sociaux qui y ont trait, c'est-à-dire de mettre si possible ces phénomènes dans une perspective valide.

Maintenant nous sommes ici pour vous entendre, pour apprendre de vous et non pas pour donner des renseignements.

Ceci est une enquête, ça fait partie de



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notre enquête publique, elles sont plutôt informelles et nous vous invitons à nous donner vos opinions. Nous ne voulons pas que personne s'identifie par son expérience particulière. Ce n'est pas nécessaire de vous identifier, ni par nom, ni par des détails de vos expériences, parce que nous ne pouvons vous offrir aucune protection à cet égard.

Si vous voulez nous parler d'une façon privée et anonyme, nous avons le pouvoir de garder votre témoignage anonyme.

Maintenant, nous nous intéressons plutôt, surtout à cette question des motivations.

Comment envisagez-vous ce phénomène? Quelle est son importance? Qu'est-ce que ça veut dire pour notre temps? Ca c'est une chose qui nous intéresse énormément et c'est probable que le gouvernement attend quelque chose de nous autres à cet égard, mais ça n'exclue pas les autres questions que j'ai mentionnées.

Maintenant il y a DEUX (2) micros ici et j'espère que vous serez libres de nous parler.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Peut-être, juste avant que l'un de vous ne prenne la parole; à l'occasion de ces visites, de ces voyages à travers le Canada, nous n'avons rencontré qu'un groupe, jusqu'à maintenant, qu'un groupe d'expression française, vous êtes le second, bien que ce soit notre quatorzième visite dans les universités.

Pour ma part, j'aimerais beaucoup que





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1  
2 votre groupe nous donne un point de vue personnel,  
3 original, bien à vous, sur ce que vous croyez être  
4 la ou les motivations profondes des jeunes qui expé-  
5 rimentent les drogues.

6 C'est ce que nous voulons et devrions  
7 comprendre puisque nous devons être vos porte-paroles.

8 UNE VOIX DANS LE PUBLIC: Monsieur le  
9 "chairman", je vois que c'est une Commission Royale  
10 d'Enquête, c'est bilingue, c'est très bien...

11 MONSIEUR GERALD LEDAIN, président: Mon-  
12 sieur le Président en français.

13 UNE VOIX DANS LE PUBLIC: Monsieur le  
14 Président, une des motivations, pourquoi je pense que  
15 les étudiants prennent de la drogue, d'ailleurs que  
16 tout jeune prend de la drogue, il me semble première-  
17 ment que dans notre société moderne où les hommes et  
18 nous autres les adolescents plus particulièrement,  
19 - bien, adolescents - enfin adolescents parce que  
20 nous le sommes encore, ont certainement un défi si  
21 immense dans le cas de l'avenir, on ne peut pas dire  
22 ce qui va arriver dans les prochains VINGT (20) ans.

23 A partir de ça, nous autres on est vrai-  
24 ment pris dans ça, au point de vue... - je n'exprime  
25 pas bien ce que je veux dire - on en parlait ce midi..

26 Le défi est vraiment, au point de vue  
27 système politique par exemple, est vraiment un défi  
28 immense; le défi au point de vue social est extraordi-  
29 naire; le défi au point de vue d'une série de choses,  
30 par exemple vous avez les divers systèmes sociaux po-



litiques...

On a certainement un choix à faire, du moins à l'avis des étudiants. C'est très dur pour les jeunes; j'ai dit étudiants, mais il n'y a pas seulement les étudiants. Il me semble très dur pour nous de vraiment relever le défi.

On a certainement l'occasion avec certaines expériences des drogues d'au moins se retrouver plus souvent dans notre petit monde, on peut quand même arriver - je ne sais pas - à s'évader pour un bout de temps.

Mais sincèrement il me semble que le défi est peut-être trop grand, parce qu'on en a jamais eu comme ça jusqu'à date; c'est vraiment un des plus grands défis auquel nous ayons eu à faire face. Il y en aura peut-être de plus grands dans l'avenir.

Il me semble, sincèrement, que ce défi il faudra nécessairement l'envisager.

Je pense qu'une des choses qui manque aujourd'hui aux jeunes c'est un certain idéal. On ne manque pas nécessairement d'idéal, on a un certain idéal, mais c'est pour y arriver!

Est-ce qu'on pense qu'on va y arriver? On est bloqué au départ, c'est pour pouvoir y arriver à cet idéal.

Cet idéal, il existe vraiment chez les jeunes. Cet idéal c'est dans la vision de la société, du monde moderne qu'on voudrait idéal, car on est très idéaliste, nous, la jeunesse.



A partir de ça, il me semble qu'il y a lieu à d'autres approches, mais il faut surtout comprendre vraiment le défi.

Au début, il faut certainement des centres d'éducation, bien d'éducation, c'est une façon de parler; c'est quelqu'un qui me l'a suggéré. Moi-même je n'y avais pas pensé; peut-être pas un centre d'éducation, mais un centre de discussion.

Il va falloir quelque chose, - ça peut être n'importe quoi - au point de vue du travail en équipe, d'aider les jeunes, afin de les préparer pour vraiment faire face au défi qui nous est présenté.

Puis si on regarde l'évolution, nous faisons partie d'une ère pro-industrielle, pour certains pays du moins, et dans un avenir assez rapproché le défi sera immense.

Moi-même je suis perplexe devant ce défi. Il faut certainement avoir une grande quantité, une très bonne dose d'optimisme pour y faire face.

Peut-on en vouloir aux jeunes de prendre de la drogue et d'être assez pessimistes vis-à-vis l'avenir et surtout de se comporter différemment de beaucoup de gens?

Si on regarde l'évolution des personnes humaines, des hommes, ils ont toujours été des hommes; ça fait qu'on ne peut pas nous demander l'impossible, il faut un certain consciencius, enfin c'est plus ou moins le mot, pour arriver à faire face à ce défi-là.

Je vous remercie.





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MONSIEUR GERALD LEDAIN, président:

Voulez-vous rester un moment? Quelle est la nature du défi envers le système politique à votre avis?

UNE VOIX DANS LE PUBLIC: Bien je vous ai dit le défi... On a à choisir maintenant entre diverses idéologies. Premièrement le socialisme; on peut aussi choisir notre monde capitaliste; on peut choisir un certain marxisme; enfin une série de systèmes avec plus ou moins de différences. C'est devant ça, je pense, que moi je n'ai pas résolu le problème.

MONSIEUR GERALD LEDAIN, président:

Est-ce que ce choix n'a pas été offert dans le passé, pour les derniers trente (30) ans au moins? Est-ce que nous n'avons pas eu le choix de notre système politique?

UNE VOIX DANS LE PUBLIC: Ca a certainement été un choix. Mais est-ce que dans le passé, est-ce qu'on avait autant..., je veux dire les derniers cinquante (50) ans passés, est-ce qu'on avait véritablement une conjoncture aussi puissante qu'elle l'est maintenant, c'est surtout ça?

MONSIEUR GERALD LEDAIN, président:

Et vis-à-vis les institutions sociales, quel est le défi?

UNE VOIX DANS LE PUBLIC: Au point de vue institutions sociales, je peux faire entrer dans ça, les églises, une série d'autres choses là-dedans.



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Au point de vue social, évidemment comme tout petit canadien est sensé être anglais ou français, il y a un immense problème qui se pose au point de vue relation, même au point de vue structure... Un exemple banal, au point de vue liturgie, puisqu'on est placé dans un monde religieux. Tout ça donne lieu à un défi qui est encore vraiment grand...

Ce n'est pas pour rien qu'il y a des étudiants qui sentent la nécessité d'installer des carrefours, des lieux de rencontre, des lieux de communication, des lieux d'échange. On en a certainement besoin. Il faut nécessairement promouvoir ces centres-là.

Nous sommes dans un moment où tout change rapidement. C'est encore une preuve que nous avons, par exemple le changement de liturgie, pendant des siècles les changements des institutions étaient mineures. Mais aujourd'hui c'est une autre preuve que tout change. Prenez par exemple l'Eglise et d'autres institutions.

MONSIEUR GERALD LEDAIN, président:  
Est-ce que vous pensez que vous vivez un moment qui est vraiment différent?

UNE VOIX DANS LE PUBLIC: Je pense qu'on vit un moment vraiment différent, il me semble, monsieur le Président, que les hommes ont certainement eu à faire face à des défis autrefois. Mais c'est comme je vous dis, la conjoncture des différents défis dans tous les domaines, et je dis bien dans tous les



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domaines, est vraiment plus aigue qu'elle ne l'a jamais été.

Il faut vraiment faire quelque chose pour arriver, pas nécessairement à un consciencius, mais arriver à se rendre compte d'une certaine situation et apporter certains éléments de solution, et je crois qu'on devra certainement discuter beaucoup plus qu'on ne le fait maintenant.

C'est surtout dans des centres plus ou moins -bien je ne veux pas nécessairement dire d'éducation- des centres où on pourrait en discuter vraiment, des centres plus perfectionnés que ceux qu'on a maintenant, du genre carrefour "Drop in", des carrefours où on "just drop in to exchange ideas and other things like that".

DOCTEUR HEINZ E. LEHMANN, commissaire:  
Une minute encore, s'il vous plaît, monsieur. Vous nous avez lancé un défi. Alors j'aimerais que vous répondiez à quelques questions.

Ce que je ne comprends pas entièrement c'est ça. Vous venez de dire que le défi est plus aigu qu'il ne l'a jamais été, que c'est un moment historique, maintenant, que nous vivons, qui est unique à cause de la conjoncture du défi.

Alors comment la drogue entre-t-elle dans ça? Est-ce que ça veut dire que la drogue est aussi un défi qu'on lance maintenant au monde âgé ou quoi?

UNE VOIX DANS LE PUBLIC: Monsieur le





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Commissaire, vous savez, - ce n'est pas votre première enquête je pense.- vous pouvez nécessairement répondre à cette question vous-même. Mais c'est une chose qui a certainement lieu, ce n'est pas nécessairement que la drogue soit un défi, elle peut l'être pour certains, mais c'est surtout une manière, disons...

MONSIEUR GERALD LEDAIN, président:

Un symbole...

UNE VOIX DANS LE PUBLIC: Pas nécessairement un symbole. Ce n'est pas du moins comme ça que je l'entrevois. C'est dans le sens plus particulièrement d'arriver à une certaine, - je ne sais pas - une certaine...

DOCTEUR HEINZ E. LEHMANN: évasion.

Une VOIS DANS LE PUBLIC: évasion, oui. Mais il y a certainement d'autres termes.

DOCTEUR HEINZ E. LEHMANN, commissaire: Alors c'est une façon de s'évader et un défi aussi?

UNE VOIX DANS LE PUBLIC: Oui, je pense que c'est une manière véritable de s'évader devant les énormes problèmes auxquels on a à faire face, et je pense que cette Commission, que monsieur LeDain préside, a certainement quelque chose à y apporter, si on a quelques espoirs, c'est certainement à partir de la Commission, votre rôle est d'autant plus grand. Mais je crois que le gouvernement doit certainement et vraiment vous prendre en considération, prendre le rapport de la Commission en considération sinon il y a bien des choses qui pourraient se passer.



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Je vous remercie.

MONSIEUR GERALD LEDAIN, président:

Monsieur au micro...

UNE VOIX DANS LE PUBLIC: Bien moi personnellement, je ne me suis pas tellement arrêté aux problèmes, mais voilà...

Jean-Pierre Ferland a dit: "Le monde est à l'envers" autrefois j'aurais dit: "Mon village est à l'envers", c'est à dire que je n'étais pas au courant des problèmes qui pouvaient exister à travers le monde, alors qu'aujourd'hui par les médias d'information, radios, télévisions, journaux. Avec ça je me rends compte qu'il y a énormément de problèmes dans le monde.

Vous savez autant que moi que si j'écoute la radio, la télévision, ou si je lis les journaux, à la première page qu'est-ce que je vois? Des problèmes à travers le monde, des guerres, des problèmes sociaux, des problèmes économiques, des problèmes techniques.

A ce moment-là, je vais m'arrêter, me poser des questions, et essayer de trouver des réponses, mais bien souvent on ne trouve aucune réponse.

Du moins en cherchant une réponse, on peut peut-être en trouver, on peut trouver des informations qui peuvent amener une solution et le lendemain peut-être que la solution que j'ai réussi à amener, à élaborer sera détruite par une autre thèse qui sera amenée par un autre journal.



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Alors à ce moment-là, j'ai énormément de problèmes auxquels je ne peux pas répondre.

C'est ce qui me fait dire que le monde est à l'envers, quoi.

Alors je vais chercher à m'évader de ces problèmes. Un moyen utilisé par énormément de personnes, aujourd'hui par les jeunes et qui autrefois l'était par des gens plus âgés, aujourd'hui ce sont les jeunes, c'est la drogue. Et bien, si j'ai des problèmes que je ne peux pas résoudre pour m'évader je vais prendre de la drogue.

Tout ça provient aujourd'hui d'une autre raison, autrefois les gens étaient très peu instruits, il y avait très peu de médias d'information, à ce moment-là on ne se rendait pas compte des problèmes, on ne les expliquait pas, donc les gens n'en avaient pas personnellement connaissance, on avait pas de problèmes, donc on n'avait pas besoin de moyens pour s'évader de ces problèmes-là.

Alors une des choses qui peut-être, disons que c'est peut-être malheureux dans un sens, a amené ce phénomène c'est l'instruction. Je veux dire que c'est une des causes qui a amené les jeunes à prendre de la drogue, c'est ce que je voudrais dire.

MONSIEUR GERALD LEDAIN, président:  
Vous donnez une impression que nous avons reçue ailleurs, on est opprimé par les problèmes qui nous sont soumis par les médias d'information, par les rensei-





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gnements qu'on reçoit. Quelqu'un nous a parlé de confusion chronique, d'une idée semblable. Qu'est-ce que c'est votre attitude, votre réponse vis-à-vis de ces centaines de problèmes qui ne peuvent être résolus, les gens aujourd'hui ont un sens de responsabilité plus large et plus vaste peut-être que dans le passé, mais il y a toujours eu des individus qui ont eu ce sens des responsabilités très large, mais j'ai l'impression que c'est beaucoup plus répandu aujourd'hui. D'Où est-ce que ça vient ça? Parce que dans le passé la façon de réagir à cette confusion était toujours de mettre la tâche devant nous jour après jour, d'où vient cette concentration sur des problèmes qui ne sont vraiment pas de notre responsabilité, parce que nous ne pouvons pas agir efficacement, d'où vient cette attitude de responsabilité globale?

UNE VOIX DANS LE PUBLIC: Autrefois, l'autorité était un tout, on ne contestait pas l'autorité. Aujourd'hui on la conteste. On se pose la question "Est-ce que l'autorité a raison, oui ou non" disons que ça, ça s'acquiert peut-être avec les études, car j'ai appris à ne pas tout prendre pour acquis, de me poser des questions, parfois d'essayer de voir les erreurs que peuvent commettre ces personnes.

Prenez un exemple. Disons que si on pose des questions à nos parents, qu'est-ce qu'ils vont dire lorsqu'ils vont nous voir contester?

Autrefois on écoutait nos parents,



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c'était nos parents qui avaient raison. C'est ce qu'ils nous disent aujourd'hui on va poser des questions et si leurs réponses ne nous satisfont pas, on ira plus loin, on ira contester.

MONSIEUR GERALD LEDAIN, président:  
Vous parlez d'une espèce de manque de confiance?

UNE VOIX DANS LE PUBLIC: Ce n'est peut-être pas un manque de confiance. C'est que nous avons plus confiance en nous.

MONSIEUR GERALD LEDAIN, président:  
C'est pourquoi vous prenez toute la responsabilité sur vos épaules parce que vous manquez de confiance dans les institutions établies. Je n'exprime pas une opinion. Je propose. Je cherche une réponse. Cette responsabilité globale que vous portez, la seule sortie c'est l'évasion, est-ce que c'est ça votre hypothèse? Pourquoi est-ce qu'ils vous faut porter ce fardeau trop lourd?

UNE VOIX DANS LE PUBLIC: Est-ce que c'est un fardeau trop lourd? Pour certains, oui, parce que si on ne réussie pas à s'évader par d'autres moyens, par des activités sociales, c'est grave.

Si je m'arrête à un problème, si je cherche une réponse à ce problème vingt-quatre (24) heures par jour, c'est assuré, c'est certain qu'à un moment donné j'ai complètement oublié les activités sociales, les autres moyens pour m'évader et que j'aurai dans mon subconscient le mot drogue, alors à ce moment-là j'y suis, j'irai prendre de la drogue.



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Merci.

DOCTEUR HEINZ E. LEHMANN, commissaire:

Est-ce que j'ai bien compris...

MONSIEUR GERALD LEDAIN, président:

Voulez-vous revenir, monsieur, s'il vous plaît?

DOCTEUR HEINZ E. LEHMANN, commissaire:

Est-ce que je vous ai bien compris quand vous nous avez dit qu'il y avait deux (2) facteurs qui avaient rendu cette responsabilité si grande pour les jeunes.

Le premier facteur que vous avez mentionné ce sont les moyens de communication, aujourd'hui on ne vit pas justement dans son petit village, on est partout dans le monde à la fois avec la télévision, la radio, etc... Alors nous sommes portés à partager la responsabilité de tout le monde.

La deuxième raison, ou le deuxième facteur c'est que la jeunesse a perdu confiance en l'autorité ou ne considère plus, ou ne respecte plus l'autorité et qu'alors naturellement la responsabilité retombe sur vos épaules. Ce sont là les deux (2) facteurs?

UNE VOIX DANS LE PUBLIC: Et bien disons que ce sont deux (2) facteurs, ce ne sont peut-être pas les seuls, car comme je vous ai dit, je ne me suis pas tellement arrêté à ce problème, mais je vous sou mets ceci, disons que sans m'y être arrêté j'en ai déjà discuté, ce sont bien les choses que j'ai mentionnées et j'ai aussi mentionné l'instruction.

PROFESSEUR MARIE-ANDREE BERTRAND, com-





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missaire: C'est ce qui permet de mettre en question l'autorité aussi?

UNE VOIX DANS LE PUBLIC: Oui, c'est par l'instruction que nous avons appris à mettre en question cette autorité, du moins ici à l'université de Moncton.

UNE VOIX DANS LE PUBLIC: Monsieur le Président, le premier interlocuteur a parlé de défi, le deuxième de contestation. Ce sont des vocables certainement auxquels je n'ai aucune objection, mais il me semble cependant que dans la société des usagers de la drogue il y a très peu de défi et très peu de contestation.

Il s'agit plutôt de désaffection envers disons les systèmes, les états et les églises.

Envers cette désaffection il y a différentes attitudes. Une qui je dirais dans une certaine mesure est celle de l'usager des drogues, c'est une attitude de retraite, c'est l'attitude d'une personne qui cherche l'évasion, même plus loin que l'évasion une certaine euphorie devant, disons, des phénomènes que moi j'appellerais souffrances sociales.

D'autres par exemple, par ailleurs, font une critique radicale de la société et envers ses macro-systèmes, on peut dire que ces systèmes de croyance n'illustrent plus, ne répondent plus aux aspirations non seulement des jeunes, mais à une grande partie de la population.

Nous sommes en face d'une hypocrisie



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monumentale, on a jamais autant parlé de démocratie, de participation et à Ottawa et ailleurs et on en a jamais eu moins. De plus on parle de liberté et plus on en parle, plus on nous les enlève.

Ici vous avez une Commission Royale qui s'adresse à un auditoire d'élites de la population, à des universitaires, à des prévilégiés de la population, car les jeunes qui, disons, sont dans les usines, n'ont pas l'occasion d'exprimer leurs opinions, ils ne sont pas consultés, l'opinion que vous recevez ici n'est pas l'opinion de toute la population, de toute la jeunesse, mais l'opinion d'une certaine élite, elle n'est peut-être pas l'épigée, mais qui tout de même est partiellement cette épigée par son appartenance sociale.

On doit faire face aussi à un faux dualisme. Le dualisme entre ce que les anglophones appellent le "protestant ethic", ce qu'on peut appeler les moeurs et les tenants de notre société, et d'un autre côté les travaux sociaux qui sont orientés sur le travail et aussi d'un autre côté de la culture des loisirs. On nous jette ça, on nous présente ça comme une question de choix, mais je ne crois pas qu'il s'agisse de ça. Je crois qu'il s'agit d'une question de pouvoir.

Je ne crois pas que nous ayons de choix. On a très peu de choix, car notre démocratie est purement formelle. Nous avons le droit de scrutin tous les quatre (4) ans, tous les cinq (5) ans. A part



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de ça les mécanismes de consultation sont à peu près inexistants.

"Monsieur Beaudet" dans ses "Différentes Mosaïques" a présenté d'une façon très éloquente la position verticale de notre société et démontré que tous ces vocables, démocratie et d'égalitarisme ne correspondent pas à la réalité sociale du Canada, du Québec et du Nouveau-Brunswick y compris.

Je crois qu'on assiste de la part de certains, il n'y a pas là-dedans de leçons ou de jugements de valeur, mais il s'agit pour certaines personnes de faire refléter leurs protestations par un activisme, par de la contestation pour d'autres et c'est peut-être un reflet de la culture, de la personnalité, mais cette protestation se reflète peu sur l'utilisateur des drogues qui vit dans cette culture anémique que représente la culture des usagers des drogues.

En ce qui concerne les institutions établies, je crois que chez les jeunes ceux qui ne sont pas en politique, qu'il y en a très peu qui les appuient avec conviction et sans intérêt; je crois aussi que la politique des années cinquante (50) se rapprochait de la dictature politique.

Daniel Bell dans ses ouvrages mentionne que tout ça est peut-être une recrudescence de ça et que dans un sens, nous nous trouvons dans une situation où nous refusons de chercher les solutions politiques et ceci se reflète dans nos réactions pour appuyer tel et tel politicien avec un carisme facile,





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sans faire allusion à personne, à Ottawa ou ailleurs.  
Merci.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Je ne voudrais pas prendre de discussion académique avec vous, mais c'est une objection qui me vient à l'esprit. Vous avez parlé de culture anémique pour désigner, je pense, la culture de certaines personnes qui font l'expérience ou l'usage de la drogue. L'anomie à mon sens c'est l'absence de normes.

Est-ce que vraiment on peut dire que les usagers de la drogue n'ont pas de normes ou s'ils ne sont pas créés une culture où il y en a d'autres bien particulières, bien identifiées comme la fraternité, comme le "sharing"?

UNE VOIX DANS LE PUBLIC: Ce n'est pas ce que je voulais dire. C'est peut-être l'impression que j'ai donné, mais sans dessein. Je suis très sympathique à cette culture, et j'ai moi-même fait usage de la drogue.

Il s'agit d'un style de vie, si vous voulez, qui a certainement des aspects sympathiques. Mais il y a des aspects que je trouve moins sympathiques. Il y en a d'autres qui sont très sympathiques. Ce que vous avez soumis justement cet aspect de fraternité, mais ce qui est moins sympathique c'est cette espèce de passivité. Maintenant...

MONSIEUR GERALD LEDAIN, président:  
Cette espèce de quoi?

UNE VOIX DANS LE PUBLIC: De passivité.



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Maintenant, moi personnellement, je ne dis pas que c'est bon ou que c'est mauvais, mais moi dans mon optique personnelle, je me suis orienté vers l'action lors je suis plus enclin à être en faveur des groupes et des gens qui sont orientés vers l'action.

Merci.

UNE VOIX DANS LE PUBLIC: Je n'ai aucune prétention de vouloir parler de la motivation. Je pense que la meilleure occasion pour la Commission de connaître ces motivations sera probablement dans les interlocutions individuelles qu'elle aura.

Alors disons que mon intervention s'attache surtout à un autre plan et peut-être celui à savoir certains faits ou certains phénomènes qui semblent aggraver une situation qui existe et que je ne suis pas prêt à juger.

Ici je fais référence principalement à l'attitude de ceux qui condamnent, ceux qui font des condamnations publiques etc., de certaines gens qui s'adonnent peut-être à prendre de la drogue et qui ont peut-être des motivations assez semblables à ceux qui prennent de l'alcool.

Ici je fais référence à une situation assez particulière. C'est lorsqu'il y a eu cette sortie du Coroner local qui a définitivement donné un certain ton de condamnation à ce qu'il a dit.

Il me semble que si on veut donner des éléments d'éducation populaire, que si on veut en avoir que peut-être on devrait affecter des gens à ça, pour



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parler et toucher ces points. Mais que les personnes qui sont sensées être en position publique soit pour la Cour, soit à la Cour du Coroner, ou autre qu'on arrête de faire des jugements... Un autre incident en Cour tout récemment c'est qu'on vient de condamner un jeune à cinq (5) ans pour le fait qu'il a trafiqué de la marijuana et le juge lorsque le jeune s'est exclamé: "Mais vous perdez la tête", a fait le jugement suivant: "Je me demande si ce n'est pas plutôt ceux à qui vous avez vendu de la drogue qui ont tous perdu la tête".

Il y a un autre fait, c'est principalement le fait que lorsqu'on veut faire quelque chose, et il semble qu'il y a un certain groupe de gens dans la région de Moncton qui veulent faire quelque chose pourquoi ils ne veulent pas plutôt faire quelque chose avec ces gens-là.

Je me demande quel genre de recommandation votre Commission a l'intention de faire au sujet de certains centre de "Cool Aid" ou "Drug Aid" quoi qu'il en soit il me semble primordial que cette chose soit faite par ceux qui primordialement y sont intéressés, que ce soit fait avec eux et non pour eux autres.

Merci, c'est ce que je voulais dire.

UNE VOIX DANS LE PUBLIC: Monsieur le Président, à défaut d'opinions trop certaines ou d'idées positives, on donne des citations.





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Alors ici j'ai une citation de Michel Marconi du "Kent University", il dit: "This age and its problems is not the product of an overnight manifestation; it is the slow emergence into light of the accumulation of errors, wicknesses, and expedient measures used by past generations to mask a gradual deviation from normalcy".

J'aimerais reposer une question maintenant, pas directement en rapport avec ceci, dans le passé, on se réfère toujours au passé pour soutenir le présent, on n'a peut-être pas connu sous les formes actuelles l'usage de produits d'évasion. Mais est-ce que la boisson par exemple, l'alcool utilisé avec abus n'a pas été proportion gardée aussi désastreuse pour la famille, pour l'individu, pour la société et pour les pays que l'est aujourd'hui la drogue. J'entends toute proportion gardée en ce sens qu'aujourd'hui beaucoup plus de personnes peut-être ont accès à ces drogues à cause de la fortune. Je crois que tous ont accès à ces moyens.

Mais je pense que la boisson dans un village par exemple a pu faire autant de mal que le fait la drogue actuellement. Alors je ne crois pas qu'on puisse dire que la drogue est un nouveau symptôme ou une nouvelle façon d'envisager la vie.

Je crois que ceux qui l'envisageaient avec quatre (4) ou cinq (5) quarante (40) onces de rye n'étaient pas beaucoup plus fins.

Alors peut-être qu'on pourrait regarder



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le problème dans son ensemble, pourquoi est-ce qu'on a pris de la boisson et maintenant pourquoi est-ce qu'on prend de la drogue. C'est tout.

MONSIEUR GERALD LEDAIN, président:  
Est-ce que vous me posez la question?

UNE VOIX DANS LE PUBLIC: Oui, c'est une question générale. Est-ce que je peux m'attendre à une réponse?

MONSIEUR GERALD LEDAIN, président:  
Peut-être que je peux essayer de vous répondre.

Dans ce sens, nous partageons votre opinion que l'alcool est une drogue et une drogue très répandue. C'est probablement la drogue la plus employée, la plus choisie et d'ailleurs, je crois qu'il faut envisager ce phénomène dans tout son contexte. Je veux dire que ce problème entre dans notre perspective aussi.

Maintenant, quant aux dommages, c'est une question, une affaire qui est plus nuancée, plus détaillée, mais il n'y a pas de doute, c'est bien connu, bien avant notre nomination, que l'alcool est dommageable.

UNE VOIX DANS LE PUBLIC: Est-ce qu'on peut comparer la marijuana un peu à l'alcool, par exemple au point de vue, je dirais, de suite?

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: En ce qui a trait aux effets, vous voulez dire?

UNE VOIX DANS LE PUBLIC: Oui.



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MONSIEUR GERALD LEDAIN, président:

Je ne pense pas que nous puissions, et que ce soit notre fonction ce midi de poser, si vous voulez, un jugement de valeur sur la nocivité relative des deux (2) drogues.

Nous avons tous je pense des opinions bien fermes là-dessus.

Mais notre proposition est à l'effet que ce symptôme et ce besoin d'évasion qui se manifeste à travers la drogue a pu se manifester autrefois à travers l'alcool, c'est une réflexion qui nous a déjà été faite, et que vous présentez très bien, je pense, ce midi.

Peut-être est-ce que je pourrais vous poser la question suivante: Alors pourquoi aujourd'hui autre chose?

Parce que la situation est différente, je ne pense pas qu'on puisse douter qu'il y a trois (3) ou quatre (4) ans la scène ne présentait pas autant de drogues qu'aujourd'hui. Alors pourquoi aujourd'hui autre chose?

UNE VOIX DANS LE PUBLIC: Je crois premièrement qu'aujourd'hui nous sommes vraiment dans une époque d'expériences, d'expérimentation et je crois qu'on n'aime pas répéter ce que les vieux ont fait. On ne veut pas seulement les copier avec la bouteille, ou l'usage de la boisson. On fait des expériences nouvelles.

Maintenant nos expériences ont peut-





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1  
2 être beaucoup plus de conséquences, je pense actuelle-  
3 ment qu'autrefois.

4 Je pense qu'actuellement comme quelqu'un  
5 l'a si bien mentionné il y a quelques minutes, que l'on  
6 souffre d'un certain anonymat, qu'on souffre d'un cer-  
7 tain climat de personnalisation, et que ce qu'on trouve  
8 alentour de nous est plein de sensationnalisme, qu'on  
9 veut nous sensationnaliser.

10 Alors qu'est-ce que ça donne, qu'est-  
11 ce que ça vaut de prendre une bouteille de bière main-  
12 tenant pour une personne? Je crois que l'expérience  
13 d'aujourd'hui, qu'elle soit néfaste ou qu'elle soit  
14 avantageuse, que ces expériences sont beaucoup plus  
15 profondes qu'elles ne l'étaient auparavant. Je crois  
16 que c'est peut-être un aspect de la profondeur des  
17 gestes, on ne s'arrête pas en surface, en superficie.  
18 Je pense que l'assistance de ce midi le prouve, car  
19 il y a beaucoup de personnes qui ont pris leur temps  
20 de dîner pour venir ici. Je pense qu'on recherche au-  
21 jourd'hui tous les domaines, on ne recherche pas seu-  
22 lement dans la question religieuse, on recherche dans  
23 d'autres domaines.

24 Je crois qu'on se casse souvent le nez,  
25 mieux vaut faire une expérience que de crouler dans  
26 un moule qui ne semble plus apporter aucune solution.

27 DOCTEUR HEINZ E. LEHMANN, commissaire:  
28 Alors ça veut dire qu'apparemment, si je vous ai bien  
29 compris, que la drogue n'est pas une solution, mais  
30 que c'est une autre manière de s'évader comme on l'a



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dit avant, et qu'en plus on ne veut pas copier les autres générations, alors on prend une autre manière de s'évader soit la drogue.

Maintenant, ce qui est un peu difficile à comprendre c'est pourquoi tant de luttes, tant de batailles tenaces, justement pourquoi?

Il y aurait une solution, une façon de faire comme les autres générations, mais non on ne doit pas copier, alors on se sacrifie pourquoi?

UNE VOIX DANS LE PUBLIC: Si j'ai bien compris ce que vous voulez dire c'est pourquoi ne pas prendre la solution la plus facile, celle de l'alcool?

DOCTEUR HEINZ E. LEHMANN, commissaire: Mais est-ce que ça vaut la peine, je veux dire la drogue, est-ce que ça vaut la peine?

UNE VOIX DANS LE PUBLIC: Je pense d'abord que je n'ai pas enlevé la possibilité de prendre la drogue comme évasion. Mais j'ai ajouté une autre dimension, celle de l'expérience, de l'expérimentation. J'ai ajouté cette dimension-là.

Maintenant je ne crois pas que ce soit une solution plus facile. Non, parce que si on regarde les risques actuels, je pense que ça prend quelqu'un qui, quand même, a une certaine désobligence pour se lancer dans cette expérience qui pourrait le conduire en prison pendant cinq (5) ans, mais là encore il faut insister sur la profondeur de l'expérience, pas dans le sens que c'est plus facile d'avaler une pilule que d'avaler un verre de bière. Mais il me semble



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que d'après ceux qui en ont pris, d'après la propagande-même de ceux qui veulent faire du bien, que prendre de la drogue c'est un paradis, quelque chose d'extrêmement différent, c'est un peu comme la mort, on ne sait pas ce qu'il y a de l'autre côté.

Alors quand on voit cette image-là qu'on donne, cette image-là, c'est sûr que ceux qui sont facilement portés vers les expériences seront tentés.

Et à moi-même personnellement, les deux (2) personnes qui se sont confiées à moi très dernièrement, m'ont donné comme première raison "c'est une expérience à faire", c'était une expérience à faire peut-être qu'ils ne la répéteront pas et qu'ils ne seront pas pris dans l'engrenage.

DOCTEUR HEINZ E. LEHMANN, commissaire:  
C'est la promesse d'une nouvelle expérience qui est très belle?

UNE VOIX DANS LE PUBLIC: Oui.

UNE VOIX DANS LE PUBLIC: Ca fait quelques minutes que nous parlons d'institutions, de gouvernement, et de drogues, c'est la raison pourquoi on a ici une Commission Royale sur les drogues qui se promène d'un bout à l'autre du pays, on voit une publicité immense pour cette Commission-là et puis on n'a jamais vu de Commission Royale sur les problèmes sociaux qui se promène d'un bout à l'autre du pays, alors je pense qu'il serait bon qu'on nomme une Commission Royale sur la "generation gap".

PROFESSEUR MARIE-ANDREE BERTRAND, com-





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missaire: Nous avons souvent l'impression lors de nos audiences qu'on est beaucoup plus une Commission sur la jeunesse ou sur la "generation gap", d'ailleurs il y a un reproche qui nous a été formulé tout à l'heure à l'effet que notre présence ici nous permettait d'entendre des groupes d'élites et que peut-être pas tout le peuple et sûrement pas la jeunesse ouvrière ainsi que d'autres groupes de personnes qui n'ont pas de chance de se faire entendre, mais on a réellement l'impression que ça ça accentue cette image que nous sommes plus ou moins une Commission au service de la jeunesse articulée.

UNE VOIX DANS LE PUBLIC: Monsieur le Président, vous adressiez à l'Université de Moncton une lettre le cinq (5) septembre dernier nous invitant à fournir notre contribution à la Commission d'Enquête sur l'usage des drogues à des fins non médicales, dans une réponse que nous lui donnions, c'est-à-dire que le département des affaires étudiantes donnait le trente et un (31) octobre nous disions que dans notre région, à l'université comme dans le sud-est de la province, puisque c'est à cette région que nous nous intéressons, qu'il n'y avait aucune étude sérieuse de faite sur l'usage des drogues, que nous n'avions donc rien de valable à vous communiquer pour le moment, et le mémoire que l'université pourrait vous présenter actuellement, c'est la même chose que le trente et un (31) octobre, c'est encore vrai aujourd'hui et ne ferait qu'ajouter aux affirmations plus ou moins gratuites



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qui ont été faites sur le sujet jusqu'à maintenant.

Dans la région de Moncton, si on regarde les journaux, si on écoute la radio, la télévision, si on suit un peu de près les différentes conférences qui se donnent au Foyers et écoles et ailleurs, on ne peut pas s'empêcher de réaliser qu'il y a beaucoup d'impressions subjectives, de conclusions hâtives.

On a fait allusion tout à l'heure à des articles non fondés, par exemple un journal à un moment donné a publié à la première page, au grand désespoir de plusieurs, - le lecteur moyen ne peut pas faire la différence - que cinquante pour cent (50%) des jeunes dans la région de Moncton s'adonnaient à des drogues.

Devant cette attitude de beaucoup trop de gens qui sèment la panique dans notre population, qui alarment les gens outre-mesure, je crois qu'il est véritablement temps de les informer et de bien les informer.

On s'est dit quelques-uns d'entre nous qu'il faudrait rétablir les faits par une enquête scientifique qui, disons, prendrait un échantillonnage dans la région du grand Moncton, disons le district scolaire numéro quinze (15) pour les familiers, et cet échantillonnage comprendrait des niveaux intermédiaires, niveaux secondaires, niveaux universitaires ainsi que les groupes de jeunes en-dehors de l'école.

Depuis ce temps on a fait un petit



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travail, pas tellement, on a établi un programme, élaboré un projet de recherche qu'on a transmis au ministère provincial de la Santé, à monsieur Swift qui est responsable des octrois pour la Ministère de la Santé et lui-même a accepté notre projet, mais c'est quand même seulement un canal pour se rendre jusqu'à Ottawa, parce que c'est Ottawa qui doit nous donner une réponse définitive.

On nous a dit que cette réponse à savoir si le projet était accepté ou non, si on nous fournira des subventions pour notre recherche, nous parviendra en mai.

Si vous avez certains pouvoirs vis-à-vis ces gens-là, peut-être pourriez-vous leur dire d'accélérer un peu leur processus de façon à ce que nous puissions retenir les services des étudiants des niveaux supérieurs qui seront en mesure de nous aider avant l'été, avant qu'ils ne trouvent des emplois pour l'été ou partent pour leurs vacances.

Ici à l'université de Moncton, nous sommes une université très jeune, la moyenne nationale pour les professeurs est de un (1) pour quatorze (14) étudiants et à l'université ici c'est de un (1) pour dix (10) ce qui fait que quand nous avons des projets de ce genre-là que nous voudrions réaliser et bien nos professeurs sont très occupés, mais nous avons besoin de gens compétents pour conduire des recherches comme celle-là, mais leurs minutes sont comptées, ils sont déjà débordés de travail et puis c'est





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vraiment une tâche ardue que de vouloir faire des recherches dans ce sens-là dans la région de Moncton, c'est pour ça que je me demande si la Commission ne pourrait pas songer à la possibilité de fournir aux gens qui comme nous et qui comme d'autres veulent entreprendre des recherches de ce genre, des recherches sérieuses, du moins que nous croyons sérieuses, de nous fournir des chercheurs que le gouvernement pourrait envoyer sur place ici pour une certaine période de temps, où à certains moments des gens qui pourraient diriger une recherche et l'avantage de ces gens-là, ce serait d'être déjà au courant de tout ce qui s'est passé à travers le Canada.

Peut-être qu'à la suite de votre étude sur l'usage des drogues à des fins non médicales, plus précisément dans vos recommandations, que vous pourriez suggérer une coordination, parce que justement ici il est en train de se réaliser des mouvements en ville, nous le savons car tout ceci est passé dans les journaux, et aussi à la télévision et à la radio, il y a un mouvement en ville dont nous ici ne connaissions pas l'existence, il y a déjà un manque de communication.

Il y a déjà un manque de communication entre l'université et la ville, car nous avons lu qu'il y avait un comité de formé, du moins à ce que nous avons lu dans les journaux, en ce qui se rapporte à ce qui s'est passé ce matin à Harrison Trimble, ces gens-là auraient sans doute l'intention d'établir un



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projet de recherche, alors qu'est-ce qui va se passer si on s'attaque aux mêmes étudiants, aux mêmes jeunes dans les mêmes écoles, dans les mêmes milieux avec deux (2) recherches différentes, tout ce qui va arriver c'est qu'on va se couper l'herbe sous les pieds et il n'y aura personne qui réussira quoi que ce soit de valable.

Alors il y aurait peut-être moyen de songer à cet aspect de coordination à l'intérieur d'une région, à grouper les gens qui veulent vraiment essayer d'établir les faits, parce que je crois que c'est par là qu'il faut commencer.

Merci.

UNE VOIX DANS LE PUBLIC: Moi la seule chose que je pense, et je pense que c'est la même chose pour la majorité de ceux qui fument la marijuana, moi je les fume parce que je les aime, c'est tout. Ce n'est pas une évasion pour moi, ce n'est pas une expérience, tout ce que je veux dire c'est que j'aime l'influence de la marijuana sur moi, je fais pas ça pour étudier tous les problèmes politiques ou sociaux. Merci.

DOCTEUR HEINZ E. LEHMANN, commissaire: C'est une observation assez intéressante. Il me semble que c'est la première fois que nous sommes dans une université et que ça se présente comme ça.

Partout ailleurs c'est arrivé que les gens ont parlé de leur expérience personnelle avec la drogue, maintenant ça fait trois quarts ( $\frac{3}{4}$ ) d'heure



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plus exactement cinquante (50) minutes qu'on est ici et nous avons toujours discuté des facteurs généraux, du fond, du background, du generation gap, mais pas de la drogue vraiment.

C'est tout à fait indirectement qu'on y a fait référence et c'est juste maintenant à la fin qu'on en parle.

Dans toutes les autres universités on nous parlait des drogues, plutôt des réactions des individus, le focus était toujours sur ça, mais ici c'est différent, c'est très intéressant.

MONSIEUR GERALD LEDAIN, président:  
Quelles sont vos conclusions?

DOCTEUR HEINZ E. LEHMANN, commissaire:  
Mes conclusions pour le moment, très tentativement, sont qu'apparemment les expériences individuelles ici dans cette université, du moins pour ce groupe-ci ne sont pas aussi importantes que les défis que vous avez lancés à la société et les autres font la même chose, mais peut-être pas avec la même intensité.

MONSIEUR GERALD LEDAIN, président:  
Mais ils ont peut-être moins de facilités philosophiques.

DOCTEUR HEINZ E. LEHMANN, commissaire:  
C'est possible.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: C'est tout un compliment.

MONSIEUR GERALD LEDAIN, président:  
Je crois que c'est le temps d'ajourner, nous devons





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retourner à Harrison Trimble High School pour 2:30  
(deux heures et demie) et puis après ça nous allons  
à Sackville.

Je veux vous remercier tous de la part  
de la Commission d'avoir assisté et participé aujour-  
d'hui à cette audition, ça nous a aidé beaucoup, merci

APPLAUDISSEMENTS.

Je soussignée Odette Gagnon, Sténotypiste Officielle,  
déclare que les feuillets qui précèdent sont et con-  
tiennent la partie du témoignage du déposant y dési-  
gné, prise par moi au moyen de la sténotypie et  
dèlement transcrite,

et j'ai signé:

ODETTE GAGNON,  
Sténotypiste Officielle.







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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUÊTE  
SUR L'USAGE DES DROGUES  
À DES FINS NON MÉDICALES

February 23, 1970  
Harrison Township High School  
MONROE, New Brunswick.





COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie-Andrée Bertrand,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

February 20, 1970  
Harrison Trimble High School  
MONCTON, New Brunswick.



1 --- Upon commencing at 9:35 A.M.

2

3

4 THE CHAIRMAN: Ladies and  
5 gentlemen, I call this hearing of the Commission of  
6 Inquiry Into the Non-Medical Use of Drugs to order.

6

7 I don't want to make anyone  
8 move, if they don't feel disposed to, but there is  
9 a bit of a distance separating us, and it might  
10 inhibit us a bit.

10

11 I wonder if it would be  
12 convenient for you to come a little closer?

12

13 Thank you very much. It is  
14 helpful to us. It makes us feel a little more in  
15 contact with you.

15

16 I would like to introduce the  
17 members of the Commission and staff that are here.  
18 On my far right is Dean Ian Campbell of Montreal,  
19 formerly of New Brunswick; on my immediate right,  
20 Dr. Heinz Lehmann of Montreal; I am Gerald LeDain;  
21 on my left is Mr. James Moore, Executive Secretary  
22 of the Commission; on Mr. Moore's left, Professor  
23 Marie-Andrée Bertrand of Montreal; and on Miss  
24 Bertrand's left, Mr. J. Peter Stein of Vancouver;  
25 Mrs. Vivian Luscombe, my secretary on the Commission  
26 is at the table to the left.

26

27 I would like to read a statement  
28 concerning the background of the appointment of the  
29 Commission and its terms of reference to give you  
30 some idea of how we interpret our task.

30

The Commission of Inquiry Into



1 the Non-Medical Use of Drugs was appointed by the  
2 federal government on May 29th last year, upon the  
3 recommendation of the Hon. John Munro, Minister of  
4 National Health and Welfare.

5 The Commission has an independent  
6 status under Part 1 of the Inquiries Act.

7 The concern which gave rise to  
8 the appointment of the Commission is described in  
9 Order in Council P.C. 1969-1112, which authorized the  
10 appointment in the following words:

11 "There is growing concern in  
12 Canada about the non-medical use  
13 of certain drugs and substances,  
14 particularly those having sedative,  
15 stimulant, tranquilizing or  
16 hallucinogenic properties, and the  
17 effect of such use on the individ-  
18 ual and the social implications  
19 thereof;

20 ...within recent years there has  
21 developed also the practice of  
22 inhaling of the fumes of certain  
23 solvents having an hallucinogenic  
24 effect, and resulting in serious  
25 physical damage and a number of  
26 deaths, such solvents being found  
27 in certain household substances.  
28 Despite warnings and considerable  
29 publicity, this practice has  
30 developed among young people and





can be said to be related to the use of drugs for other than medical purposes;

...certain of these drugs and substances, including lysergic acid (LSD), methamphetamines, commonly referred to as "speed" and certain others have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, (marijuana), has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act;

...notwithstanding these measures and the competent enforcement thereof by the R.C.M. Police and other enforcement bodies, the incidents of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative."

In announcing the Commission's appointment, the Minister of National Health and Welfare spoke of the "grave concern felt by the government at the expanding proportions of the use of drugs and related substances for non-medical purposes."



1                   The terms of reference defining  
2 the Commission's inquiry into the non-medical use of  
3 psychotropic drugs and substances mention sedatives,  
4 stimulants, tranquilizers and hallucinogens.

5                   For the present, the Commission  
6 understands "drug" to mean any substance which  
7 chemically alters structure or function in the living  
8 organism, and "psychotropic" drugs as those which  
9 alter sensation, feeling, consciousness and psycho-  
10 logical or behavioural functions. The Commission has  
11 tentatively defined "medical use" in terms of generally  
12 accepted medical practice -- under medical supervision  
13 or not. All other use is "non-medical use."

14                   By itself, a prescription does  
15 not distinguish medical from non-medical use. A non-  
16 prescription drug like aspirin can be taken for medical  
17 use. Or a prescription drug could be taken for generally  
18 accepted medical reasons, then no longer required.

19                   The Commission is invited by  
20 its terms of reference to "marshal ...the present  
21 fund of knowledge concerning the non-medical use of  
22 sedative, stimulant, tranquilizing, hallucinogenic  
23 and other psychotropic drugs or substances."

24                   But since an interim report is  
25 expected early<sup>in</sup>/this year, and a final report within  
26 two years, the Commission will have to be selective.

27                   It must consider what appear to  
28 be the principal issues which led to its appointment.

29                   The Commission has the initial  
30 impression that its primary focus must be on the non-



1 medical use of drugs by the young and by adults as  
2 it relates to or affects the use of drugs by youth.

3           The Commission has drawn up a  
4 preliminary classification of psychoactive drugs,  
5 which falls into the following eight categories:  
6 hypnotics-sedatives; stimulants; psychedelic-hallucino-  
7 genics; opiates-narcotics; volatile solvents and  
8 gases; analgesics (non-narcotic painkillers); clinical  
9 anti-depressants; and major tranquilizers.

10           The Commission sees its primary  
11 emphasis on the following categories:

12           First, the psychedelic-hallucino-  
13 genic, which includes cannabis (marijuana and hashish),  
14 LSD and mescaline and the other "restricted drugs"  
15 placed under the new schedule J of the Food and Drugs  
16 Act: DMT, STP (DOM), and DET.

17           Secondly, the stimulants, including  
18 such amphetamines as benzadrine and methadrine --  
19 generally referred to as "speed".

20           Thirdly, the volatile solvents  
21 and gases, -- often referred to as "delirients", such  
22 as glue, nailpolish remover, and paint thinner.

23           Fourthly, the sedative-hypnotics,  
24 such as the barbiturates (used as sleeping pills),  
25 the minor tranquilizers, and ethyl alcohol.

26           Fifthly, the opiate-narcotics,  
27 such as heroin.

28           Alcohol and nicotine are clearly  
29 mood-modifying drugs used for non-medical reasons  
30 and therefore within the terms of reference.





1                               However, the Commission could  
2 not possibly perform its task if it were required to  
3 consider the extensive research carried out on these  
4 substances. A realistic view compels the Commission  
5 to regard the non-medical use of alcohol and nicotine  
6 in their relation to the non-medical use of other  
7 psychotropic drugs. This is also the Commission's  
8 position, at least initially, on the non-medical use  
9 of the opiate-narcotics, such as heroin.

10                           These so-called "hard drugs" are  
11 not excluded from the terms of reference because  
12 they do have psychotropic properties. But as with  
13 alcohol and nicotine, the Commission cannot hope to do  
14 justice to the extensive literature on the subject.  
15 The "hard drugs" are therefore to be examined in their  
16 possible relationship to the non-medical use of the  
17 "soft drugs."

18                           Two contentions brought to the  
19 Commission's attention may illustrate what is meant  
20 by "relationship" to the non-medical use of soft  
21 drugs.

22                           The first contention is that  
23 extensive social use of alcohol not only creates a  
24 permissive climate of drug use, but also reflects  
25 a provocative injustice and even hypocrisy in our  
26 legislative and law enforcement attitudes. The  
27 second contention is that the use of certain soft  
28 drugs like cannabis (marijuana) leads very often,  
29 if not generally, to hard drug addiction.

30                           What are the issues in this



1 inquiry? The Commission must investigate the extent  
2 of the non-medical use of mood-modifying drugs in  
3 Canada. That means the pattern of drug use; the drugs  
4 and various groups or populations involved, according  
5 to age, occupation, etc.; the movement from one drug  
6 to another.

7  
8 The Commission must investigate  
9 physical and psychological effects of these drugs,  
10 effects on behaviour of the individual concerned,  
11 effects on others, and effects on society.

12 Finally, and by no means least  
13 important, the Commission must investigate the reasons  
14 for the non-medical use of drugs -- not only the  
15 personal motivation, but the social, educational,  
16 economic, philosophic and other reasons. In other  
17 words, what is the meaning or larger significance of  
18 this phenomenon? What is the true nature of the  
19 challenge it presents to our civilization?

20 We have accepted a very difficult  
21 task and we need your help. It is imperative that we  
22 have the views of as many Canadians as possible. This  
23 is not solely a technical question for experts; it is  
24 a broad social issue, going to the very nature of  
25 human existence in our time. It is a question to  
26 which everyone can contribute a measure of insight and  
27 wisdom.

28 Maintenant j'aimerais dire quelques mots sur notre  
29 façon de procéder ici. L'audience publique est une  
30 de nos méthodes d'enquête.



Nous voulons que dans ces audiences, il y ait une atmosphere informelle pour encourager tout le monde a participer. Vous n'avez qu'a vous presenter au micro pour nous donner votre opinion. Il n'est pas necessaire d'avoir une soumission formelle pour nous donner votre opinion.

Maintenant nous avons une "schedule" de soumissions, et notre facon de proceder est de fournir l'occasion a la fin de chaque soumission pour les questions ou les commentaires de la part des membres de la Commission ou de la part des individus qui assistent adjourd'hui.

Now I should like to call upon Reverend Robert Boden. I hope that is the right pronounciation, Church of the Nazarene, and it says here, I probably shouldn't say this, I don't usually make any comment, "recognized as the most knowledgeable man in Moncton on the drug scene."

That is a rather heavy introduction. Would you like to be seated at the table, Reverend Boden?

REV. BODEN: Thank you very much.

I feel I need to apologize to you people first of all, because we heard rumours of you coming to the province, and we heard that you would be in Fredericton, and this upset my feeble mind, because I thought we had a problem in Moncton, and we were a little afraid that you wouldn't be able to hear about it.





Now that you are here, I am not sure what you are going to say. We have a unique situation in Moncton I believe, because we have a problem that has existed for a couple of years, and yet the majority of our citizens and politicians, people involved in school work are yet to realize that the problem exists.

We are still not acting in regards to the drug problem, or the drug situation in the city of Moncton, and to me this makes the problem serious.

If we reacted, then I would say it would be far less serious. Sometimes in our discussions on the drug problems, we widen the scope to such extremes in trying to look at and analyze the whole of society, that I think we often miss the point of the unique thing about drugs.

My feeling is, drugs are a fairly recent problem in society, perhaps five years, that they have come to the forefront in this area, and we have had time, perhaps we have years, maybe hundreds of years, to deal with the other problems of society and apparently we haven't coped with them adequately yet, and so my feeling is that while drugs are a fairly recent problem we have time to jump in to develop an adequate education program, a treatment centre, but this must be started now.

Another thing I have noticed that has upset me a little, has been the type of power struggle which we have in our social problems.



For example, recently my time has been given almost devotedly to drug problems and meetings, and so often at these meetings there have been those who have been anti-alcohol, and I think we all realize this, that this is also a very serious social problem.

And I think sometimes in trying to handle the both of them together we confuse the issue and do not get a clear picture, as we would like to see.

And so this power struggle developed. And <sup>often</sup> / when I am speaking on drugs there are people continually that get up and say, "Yes, but don't forget the alcohol problem."

I say, "Well, we have dealt with alcohol for <sup>seventy,</sup> sixty years, and we still yet do not have an adequate way that is reaching a majority of citizens who are alcoholic." I am against both alcohol and the mis-use of drugs one hundred percent.

We are too interested in trying to <sup>run</sup> / survey sometimes, to find out how many, the whys, the wherefores of drug use. And I think we will find the answers not to be new ones. I think we will find them an age-old problem of alienation of youth, or alienation of society, one from the other.

Relationships have been broken down in the problems of the home, and I think drugs are probably just bringing to the forefront some of these problems that we already know, so I do not see surveys really, as an answer.



We spend much time educating our kids in the city of Moncton, and yet I have found out recently that in<sup>not</sup>one of our teachers' conferences -- now I may be corrected on this -- but in<sup>not</sup>one of our teachers' conferences has there been any time spent educating teachers on the drug problem in the city of Moncton, and to me this is a key issue. Perhaps in trying to hit the kids over the head we have the cart before the horse.

We must be careful in making decisions, that when we make them in our committees on drug abuse, etc., that the decision affects the committee but does not affect the kid on the street.

Now on legalization of marijuana, it is my feeling that in dealing with, and talking to, probably hundreds of kids, and honestly trying to evaluate the pros and cons of marijuana, and hashish, but specifically marijuana, I see absolutely no concrete value in legalizing marijuana.

I am a little afraid that my vote is to no avail. I sometimes feel the frustration of the average citizen when he thinks that decisions are already made, and some of the murmurs that we have heard from Ottawa already, almost indicate that a decision has been made; and this is of concern to all of us.

I am even afraid that perhaps the government may not listen to the recommendations of this Commission.

Even in talking to kids who





1 use drugs regularly, and want to see it legalized,  
2 they say it must be controlled. They say it must  
3 be controlled fairly strictly, and we cannot do  
4 this because we have a classic example of our lack  
5 of control of liquor through / our Liquor Control Board  
6 in which my feeling is the Liquor Control Board  
7 controls those who want all the alcohol they can  
8 get, and it controls what it gets them.

9 I have heard too often too,  
10 the voices of the so-called experts on the subject,  
11 (and until this morning I don't think I have been  
12 classed as an expert) who have talked about the ideal  
13 rational use of drugs.

14 I am sorry, but there are very  
15 few cases that I have seen in working with young  
16 people in this city in which I have seen the  
17 advantage of a rational use of drugs.

18 To me, there is a time when  
19 any use of drug is completely irrational. I have  
20 a feeling that if society could turn back the pages  
21 of history we would like to cancel out some of the  
22 things that have developed in our society -- for  
23 example, tobacco, alcohol, thalidomide, cyclamates,  
24 but some of these are beyond redemption.

25 Today is not the day for a  
26 mind-bending legalized drug. Today is when we need  
27 the greatest minds in the world and we need all to  
28 be at our sharpest, and our best, to begin to cope  
29 with the problems of society today.

30 As Billy Graham has said, we



1 have spent thousands of millions of dollars conquer-  
2 ing outer-space and have done next to nothing  
3 conquering the inner-space and frustrations of an  
4 insecure society.

5 My feeling is not given  
6 because I am my brother's keeper, but more because  
7 I am my brother's brother.

8 And in conclusion, may I  
9 predict a few things. If we legalize marijuana  
10 today, we will not be far from legalizing LSD and  
11 may I go as extreme as to say heroin also, because the  
12 prevalent theories of today say that you can do  
13 what you want as long as no one else is affected,  
14 and I am not an exponent of this theory.

15 I just have a couple of  
16 recommendations, and then I will be around all day,  
17 and I want to hear the discussion on this, but I  
18 feel seriously that we need to coordinate our  
19 programs.

20 In the city of Moncton I have  
21 been asked to act as Chairman in setting up a drug  
22 centre in our community. We need to find out what  
23 is going on in other communities, how are other  
24 situations being educated, and how are other  
25 communities dealing with drug abuse.

26 We need to educate, but  
27 so often I get the feeling that <sup>in</sup> our attempts to  
28 educate, sometimes they are merely conscience  
29 pleasers.

30 We will write up a pamphlet,



1 send it to our schools, and therefore feel we have  
2 educated on the problem of drug abuse.

3 It is so much easier to send  
4 a pamphlet and say, "There, you read it," or to  
5 send a film and say, "There, you view it," than to  
6 take the time and to take a kid aside and try to  
7 get involved with him.

8 Thank you sir, for allowing  
9 the privilege of presenting this to you.

10 THE CHAIRMAN: Thank you,  
11 Reverend Boden.

12 Any questions?

13 MR. STEIN: Yes, Reverend, I  
14 am interested in your comments about education.

15 We have been told in various  
16 cases, that the difficulties in this area are  
17 compounded by the fact that it is presently illegal  
18 to possess certain drugs, and that because of this --  
19 we heard this again yesterday at Fredericton -- it  
20 is very possible for a person in high school, or  
21 perhaps even in the clergy, to feel certain  
22 of what their grounds are when talking to a youngster  
23 who is in possession of an illegal drug.

24 I have two questions for you.  
25 One is on this matter: do you feel that there is  
26 a problem in dealing with the person who is having  
27 problems with his use of the drug because of the  
28 illegal nature of possessing it?

29 That is the first question. The  
30 other question is, leaving aside the legalizing of





1 marijuana, do you have any views about the appropriate-  
2 ness of having a criminal category for persons in  
3 possession of the drug?

4 In other words, I am separating  
5 the legalizing of the drug from the question of  
6 dealing with users as criminals.

7 So those were the two questions.

8 REV. BODEN: I am not too sure  
9 how clear I am -- my mind is not ticking too good  
10 this morning.

11 On the first, I have dealt  
12 with kids, I have spent nights in the hospital with  
13 them when they were on trips and I have had them in  
14 my car when one day one guy was "speeding" -- a heart  
15 beat of 175 and things like this. I have had  
16 people call me up, and say, "Look, we have kids who are  
17 on drugs, we know where they can get them should we not turn  
18 this information over to the police?"

19 I am in pretty close contact  
20 with the City Police; not as close with the  
21 R.C.M.P.' It is my feeling that the police are  
22 really looking for an alternative.

23 For instance, a parent  
24 calls up and says, "Johnny is on LSD," you call the  
25 police, the police pretty<sup>well</sup> have to act. And first  
26 of all, the kid is usually paranoid, and this will  
27 cause a hassle, and I think the police would  
28 really like an alternative, and say, "Look, you have  
29 a kid on drugs, well call", for instance myself, or  
30 "call the centre," and this gets it away from the



1 legal aspect.

2 I feel also that the police  
3 know as well as I do, who -- or as well as anyone  
4 in this city who are selling drugs, the majority  
5 of users, and yet I think they are waiting, they  
6 are human enough.

7 We do not have the police  
8 where  
9 situation/our young kids are calling them a bunch  
10 of pigs, that we hear of so often.

11 I think they are looking for  
12 an alternative.

13 THE CHAIRMAN: Excuse me, just  
14 a bit more on that alternative, if I might.

15 What role, this is the educational  
16 role, or some kind of other system?

17 REV. BODEN: My main concern  
18 is with kids. I am not saying in emergency situations---

19 THE CHAIRMAN: I mean the police.  
20 What is it that they could conceivably do, whatever  
21 kind of role?

22 REV. BODEN: Well I think  
23 they would like to face up, and say, "O.K. call Mr.  
24 Boden up" or "Call this organization up." because  
25 we have a situation -- I am talking now, not about  
26 the pusher, the twenty-eight, thirty year old man.  
27 I think what should be done with him is legal  
28 process. But I am talking about a thirteen, fourteen,  
29 sixteen year old kid, who is having drug problems,  
30 and I think also their parents want this.

They want one place where they



1 can say, "Look, I can get help if I call this number",  
2 like Poison Control Centre.

3 Now I am not sure of the  
4 other question.

5 MR. STEIN: The other question  
6 was; you made it clear that you do not favour the  
7 legalization of drugs like marijuana or hashish. I  
8 am wondering if you have given consideration to a  
9 question regarding the appropriateness of dealing  
10 with users of these drugs, as we do now, as criminals.

11 REV. BODEN: I just saw a  
12 fellow a few weeks ago get sentenced for five years.

13 MR. STEIN: Possession, in  
14 other words, I am talking about.

15 REV. BODEN: Yes, and I spent  
16 some time with the mother, and she said for two  
17 years -- over two years she has been trying to get  
18 help for that kid, and there was no place where  
19 she could get help.

20 I guess I will have to say  
21 I am not clear on the role that I think the law  
22 should play on this. My feeling, of course, to the  
23 hardened pusher , I am not sure who he is,  
24 where he fits into society, and there is a point that  
25 a lot of the kids who use drugs could be classed  
26 as pushers, because this is how they get to use  
27 their own drugs.

28 MR. STEIN: Do you have  
29 knowledge of pushers -- I mean, not by giving  
30 names, but is it your impression that in Moncton





1 the distribution of drugs like marijuana and hashish  
2 are obtained by young people from hardened, as you  
3 say,<sup>a</sup> hardened class of pushers, or from one young  
4 person to another?

5 REV. BODEN: I don't think  
6 we have many regular big-time pushers in our  
7 community, because it is not as profitable for them  
8 as, say, Toronto would be.

9 But I have been involved  
10 enough in the drug culture, as I am sure you  
11 people are, to know the tremendous means of  
12 communication, and for example I had a meeting  
13 with one fellow, and I had to wait till his plane  
14 landed before I could talk to him, you know, this  
15 kind of communication is something that the average  
16 citizen, I mean -- they are going back and forth  
17 to Toronto like it is going out of style -- am I  
18 avoiding your question

19 MR. STEIN: No. You started  
20 to answer it a minute ago, and you said you  
21 weren't clear about the role of the law.

22 REV. BODEN: Well I guess  
23 that is my answer, because I am not sure. I  
24 realize that they certainly have a vital role,  
25 and I am not a strong law and order man, but I do  
26 see their relationship so much that the law is a  
27 frustrating thing, because we use it when we have  
28 failed to cope with a problem, you see, and our  
29 easiest way is, rather than removing the cookie  
30 is to slap the kid's hand, and so often this is



1 a function of the law, but I think in this city the  
2 law is pretty generally -- at least the City Police --  
3 are fairly well respected.

4 MR. CAMPBELL: I have two  
5 questions I would like to raise, initially.

6 You made the statement that  
7 you did not accept the proposition that the  
8 individual should be free to conduct his life as he  
9 sees fit, so long as he does not injure other  
10 persons.

11 I wonder if you could expand  
12 on your reasons for rejecting this proposition?

13 REV. BODEN: Well I am  
14 concerned with what is going on in society today,  
15 and if I could see -- if I felt conscientiously  
16 that things were improving and I know this question  
17 is -- at least my statement is a critical one to  
18 make -- but I do think we have a responsibility, that  
19 governments have a responsibility, to legislate some  
20 things that may be good for me, or not good for  
21 me.

22 For example, when we are  
23 driving a car we know that 65 is a safe speed. We  
24 know that 85 is not, and we don't hesitate to  
25 say that, because there is not such a personal  
26 connection with it. And I think some of these  
27 other areas, I think that I, as a member of  
28 society, am weak enough that I need guidelines.

29 MR. CAMPBELL: What criterion  
30 then do you use in establishing the proper grounds



1 for interference into a person's life<sup>is</sup> for his own  
2 good?

3 REV. BODEN: I try to not  
4 interfere unless I am invited to.

5  
6 MR. CAMPBELL: No, but you  
7 suggested that the state should interfere.

8 REV. BODEN: Well I think  
9 society, or the state for example, would be irrational  
10 if it went ahead now without adequate research, say,  
11 in marijuana, for ~~example~~, without real valid  
12 research.

13 I think it has the responsi-  
14 bility to protect the society. ~~Because~~ look at  
15 alcohol. I think that alcohol is now costing more  
16 than we receive from taxes, in rehabilitation,  
17 imprisonment, law enforcement, and all these things.

18 MR. CAMPBELL: Well this warrants,  
19 <sup>your mind</sup>  
in/ the prohibition of alcohol?

20 REV: BODEN: No, I don't like  
21 prohibition. In my mind it created a lot of adverse  
22 effects and perhaps made alcohol somewhat of a more  
23 enticing thing.

24 I know my rationalizing here  
25 is very weak. It is a personal feeling that I  
26 have.

27 MR. CAMPBELL: Well could you  
28 draw a line then, at the point where it becomes  
29 improper for the state to interfere in the life of  
30 an individual? I am saying there must be some





1 line to cut off.

2  
3 REV. BODEN: Maybe this way: I asked a  
4 group of kids the other day on a drug program,  
5 and this was from a boys club, which is a fairly  
6 good cross section, how many would like to see  
7 marijuana legalized? And I think two said they  
8 would, out of probably fifty.

9 The same thing came to voting  
10 at age eighteen. I said, "How many of you kids  
11 would like to be able to vote at age eighteen?"  
12 I think there were three or four out of the whole  
13 group.

14 And here on the other hand  
15 we have our politicians saying this is a good thing  
16 for you kids to do, when really the kids say, "Look,  
17 when I am eighteen I don't feel I know enough."

18 I didn't tell them I didn't  
19 think enough of them knew much about it anyway.

20 Sir, I am sorry, I am just  
21 not sure that I can ---

22 MR. CAMPBELL: The second  
23 question has to do with the type of assistance  
24 through the programs that might be able to  
25 assist those that are having an unfortunate drug  
26 experience.

27 In a number of the cities we  
28 have been told, cities we have visited, that there  
29 has been some success with some of these programs  
30 when they make use of the drug users own peers, people



1 their own age, but also people who have the same  
2 essential orientation, which very frequently, I  
3 gather, includes a sympathetic attitude to the  
4 use of at least certain drugs and a very unsympathetic  
5 attitude to the use of a drug such as speed.

6  
7 In thinking of a centre here  
8 in Moncton, would it be your opinion that it would  
9 be wise to make use of people who had had a drug  
10 experience, and perhaps were in fact continuing to  
11 use some drugs illicitly, but where you had confidence  
12 that they could assist people, for instance having  
13 a bad acid trip, or freaking out on speed?

14 REV. BODEN: I think there is  
15 thing  
16 a comparative/that any program set up on drugs, or  
17 educational drug centre has to be staffed with those  
18 -- well I would say generally who were users, but  
19 you never know when a person is still using the  
20 drug, because they have the greatest experience.

21 Anything I have learned on  
22 drugs, has not been through what I have read, much. It  
23 has been through talking with kids who have had  
24 the actual experience, and I think we would be  
25 foolish to go ahead and set up a building like  
26 this for treating kids on drugs, and we, say, I  
27 set it up, a bunch of adults who had no experience  
28 with drugs, we would have no kids here.

29 And I think it has to be  
30 counselling with older resource people in this  
city of Moncton.

I have eight or nine social



1 workers who work, and I have psychologists, and I  
2 am sure there are psychiatrists who work at the  
3 Medical Society will support, but it has to be  
4 predominantly a peer council, I believe.

5 MR. CAMPBELL: Let me raise  
6 one other matter with you. You say that you would  
7 be opposed to the prohibition of alcohol on the  
8 grounds that this did not work. I take it you  
9 are not opposed, in principle.

10 What are your reasons for  
11 favouring, or believing rather, that the prohibition  
12 on other drugs will work where the prohibition on  
13 the drug-alcohol problem did not work?

14 REV. BODEN: I was thinking  
15 about this, this morning coming down here. I would  
16 say, you know, I am almost content at the way things  
17 are today, except it forces kids who want  
18 to use drugs to break the law, because I don't know  
19 how in the world we can handle the drug problem,  
20 because I can't see -- for example it is illegal now  
21 and yet here we are discussing a problem in society,  
22 and this shows the breakdown.

23 We can't have a prohibition  
24 because the majority are so easy to make. And if  
25 we say we prohibit ~~against~~ marijuana, well then  
26 we are still going to have our LSD and these kind  
27 of things.

28 We are going to have kids  
29 who are shooting different kinds of substances to  
30 give them their high.





1  
2 But I think what happens,  
3 what I find in marijuana, is that the majority of  
4 kids who often use it, many are content, but there  
5 are times when it is not enough of a high, it is  
6 not enough of a peak, and I picture the same as  
7 the guy who drinks beer sometimes, and he says,  
8 "I have got to get smashed." so he goes into the  
9 whiskey and he gets more of a concentrated effect.

10 I don't know how, in fact I  
11 will say this, I haven't been worried too  
12 much about the legal aspects about it, because I  
13 feel there are enough people who should have time  
14 who are not doing what I am doing, working with the  
15 kids, and I think they are the ones who should sit  
16 down and spend the time and try to come up with  
17 this.

18 Like I say, prohibition didn't  
19 work, so let's think of something else that might  
20 help us, if I am against marijuana. Let's think  
21 of some way, the alternative.

22 I think drugs are there  
23 because of the lack of alternatives to drugs with  
24 the young people, So let's think of an alternative.  
25 Our alternative now may be to athletics. A lot of  
26 kids are concerned about athletics. These are kids  
27 that are often on the borderline of the drug problem,  
28 and I think if we had more things pulling them out --  
29 through the church, through the schools.

30 Our schools are closed up here  
at 4 o'clock at night. I think they should be



1 open. I can visualize times when the whole family  
2 can come to the school. The kids may do their  
3 homework in the library. Dad may go down to the  
4 workshop. Mom may go up to the Home Ec. and work  
5 this way. It would be a whole total involvement of  
6 the family.

7 I probably avoided another  
8 question.

9 DR. LEHMANN: Reverend Boden,  
10 may I continue along the lines you just sketched out  
11 there?

12 You made it clear that you are  
13 not primarily concerned with the legal aspects, but  
14 that you see your task of psychological or preventive,  
15 humane aspects, and you just outlined a scheme  
16 which might work preventively, having the whole  
17 family come down to school, for instance, in the  
18 evening.

19 In other words, a move toward  
20 greater conditioning of the family.

21 As you pointed out earlier,  
22 there is some alienation within the family that  
23 might contribute to the drug problem.

24 Now, have you any more  
25 principles of preventive action, that might be taken  
26 in mind? And also, what do you do with the young  
27 people who are already on the drugs, some of them  
28 on it for a year or two, where their approach is  
29 probably going to be different.

30 Have you any therapeutic



1 principles in mind? How can they be brought back  
2 to society?

3  
4 REV. BODEN: I will try and  
5 go to that first point about other preventive  
6 measures.

7 I think we have to sit down  
8 and re-think everything that we are doing in  
9 society for young people, for people in general.

10 We are talking about young  
11 people. <sup>So many of</sup> our programs ~~are to~~ simply get people off  
12 the street. We get them off the street, and maybe  
13 give them a volleyball or a basketball, and then,  
14 send them home. And I think somehow, and of course  
15 we always hear how the churches ~~failed~~ in this aspect,  
16 and I think probably we have -- we get so concerned  
17 about amusing them we forget about principles.

18 I am not saying principles,  
19 but I mean solid, or something solid or concrete.

20 As I said the other night, I  
21 think when a kid goes to church he expects somehow  
22 they are going to say something to him about God.  
23 Now they may have a ball game, or a basketball game,  
24 but, somehow, the majority of kids have questions in  
25 their mind.

26 And yet we will have them, we  
27 will maybe give them a dance, or this activity, and  
28 send them back, and really ~~it~~ is not anything more  
29 than ~~what~~ the Y.M.C.A., or the school athletic  
30 program could do, and so here I think is the failure.





1 In fact, it was rather  
2 interesting, one of my visits to an establishment  
3 in the city where there is a lot of kids hanging  
4 out and I walked in there and I wasn't there two  
5 minutes and someone said, "Hey, you are a minister."

6 And he said, "I always wanted  
7 to talk to someone about God." Here was a guy that  
8 had been using drugs, and he had been in Clark  
9 Institute in Toronto, and he never had the  
10 opportunity to talk to someone about God.

11 Now these are some of the  
12 questions he had. If someone had talked sooner  
13 his mind would not be so messed up as it is now.  
14 I was able to sit down for about an hour and just  
15 talk over the old, worn out subject of God.

16 So let's talk problems, let's  
17 not set up programs and say, "Here, we have a  
18 program, you attend." Let's use the kids who want  
19 to attend to help set up our program, and I have  
20 talked to many adults who say, "Look what we are  
21 offering, we have the Y.M.C.A., we have got St.  
22 Pat's, we have our hockey teams." Well, obviously  
23 ~~maybe~~ that is not enough, if we are going to try  
24 to...

25 We don't have marching bands,  
26 that may interest some/ <sup>kids.</sup> Our churches are very narrow  
27 reaching. I think we have got to re-think all  
28 we are doing and in fact I am involved now with  
29 this Youth Inquiry by the Federal Government Secretary  
30 of State, and we have been talking about this quite



1 a bit lately.

2 Why do we do this to kids? Was  
3 it just sort of to satisfy our conscience, or do  
4 we really want to help the kids, and I have to ask  
5 myself, working with kids on drugs, "Why am I here?"

6 You know, I have got quite  
7 a lot of publicity from it, I appeared on T.V., I am here  
8 /this morning. Is that why I am here, or am I really  
9 interested, that maybe I have something that I can  
10 offer a kid in the religious area of life which is  
11 a great lack of to the majority.

12 DR. LEHMANN: You mentioned  
13 another point; that you will be quite aware of the  
14 importance of getting involved with an individual,  
15 with a kid personally.

16 Now, that is probably a very  
17 important factor. How can you conceive of any  
18 scheme by which more of these people could be  
19 found, or could be organized?

20 REV. BODEN: We have a real  
21 situation here, in the fact that we really have  
22 a non-existent mental health society, mental health  
23 situation in the city.

24 I think it is maybe down to  
25 one part-time social worker. We don't have a  
26 resident psychiatrist. There are two psychiatrists  
27 in the city. One is leaving.

28 To handle a population -- well  
29 the city is 50,000, but the area probably 100,000.  
30 We do not have a mental health clinic.



1 I think they should have  
2 people that are free, resource people to go out on  
3 the street. You know, too much we are tied to our  
4 offices and desks, and this was my problem before.

5 You know, it was more comfort-  
6 able to stay at my desk in my study, than to get  
7 out and spend some shoe leather to get to know  
8 these kids, and I think this is what we need, we  
9 need a mental health clinic.

10 Even as a minister, if I have  
11 an emotionally disturbed kid there is absolutely  
12 nothing I can do. Doctors have told me that it  
13 takes them six months to get a kid that they  
14 recommend as a referral, into the mental health  
15 clinic, six months; a half a year.

16 And this is serious you know.  
17 And here is where we have let down. If we had a  
18 mental health clinic they could free some of their  
19 people to work in the streets.

20 And we are not a big city. We  
21 have control. And it is a lot easier to tackle a  
22 problem here, than it would be in Toronto. And I  
23 am from Toronto, and I know how the network just  
24 filters out along streets and there is nothing here  
25 for a few blocks and then, bang, you have another  
26 drug culture on a street or two. We don't have  
27 that problem here yet. And so we can control it.

28 We can do a lot about it. But  
29 right now, as we sit here, we haven't done one thing  
30





1 except a bit of education on drugs in the city.

2  
3 DR. LEHMANN: And the education  
4 is directed at the children?

5 You made it clear, not at the  
6 teachers.

7 Are the parents in any way  
8 included in the educational problem?

9 REV. BODEN: Dr. Delaney and  
10 and other people  
11 I have done quite a lot of speaking. We have  
12 spent a lot of time at home and school meetings and  
13 really the meetings have been fantastic, and the  
14 attendance has been usually almost double because  
15 the people are so concerned about the problem.

16 But still, there is no communi-  
17 cation with the teachers, and I am concerned with  
18 some of the attitudes coming from the Department  
19 of Education.

20 I have a feeling -- and I have  
21 got to be careful what I am saying -- but I have  
22 the feeling they are almost trained not to recognize  
23 the problem.

24 For example, I was called to  
25 one high school. The kid was in the class on a  
26 trip and I went in, and I talked to the powers that  
27 be, one of them called me up and they politely  
28 informed me, "Well, thank you for coming, but we  
29 will handle this ourselves."

30 So fine. So you know what  
happened? The kid was sent home by himself at



1 10 o'clock in the morning. At 5 o'clock in the  
2 evening I had a call, the kid had still not shown  
3 up, Tuesday evening he went into the hospital, this  
4 was Monday, he not only was on a trip, but he had  
5 suffered a concussion in an accident and they had  
6 sent him home alone, and this is serious.

7 I was talking to<sup>a</sup> psychiatrist  
8 and I said, "What will we do?" He said, "We  
9 will probably find the fellow in Jones Lake, or  
10 something." And it is the old "head in the sand"  
11 deal, that the problem doesn't exist if we don't  
12 see it, and it is a problem that is prevalent.

13 THE CHAIRMAN: Gentleman at  
14 the microphone?

15 THE PUBLIC: To come back sir,  
16 to the preventive measures, the past few weeks I  
17 have involved myself ~~too~~ in this drug question, and  
18 talked to as many cases as I possibly could, and  
19 I have spent quite a lot of money on gas and so  
20 on, but I found out from my experience with  
21 them that kids today want a place where they can  
22 go to get information and help that they ~~so~~ need.

23 Now I am under the impression  
24 that talk is beautiful, there has been a lot of  
25 talk going on in Moncton on drugs.

26 Talk is beautiful, but if you  
27 don't act, it's not worth it.

28 Now talking about who should  
29 be involved in this centre, if one was formed,  
30 there is one chap ~~that~~ I know particularly that has



1 been on drugs for four years, and he would like  
2 to come off this stuff, but there is nobody to help  
3 him; there is no place where he could go to get  
4 guidance, or some moral support on this matter, and  
5 he was asking me -- I mentioned this to him, that I  
6 was more or less interested in starting a place like  
7 this, but I thought I was alone on this, until I  
8 met another chap tonight that mentioned there were  
9 four or five people in Moncton that were also  
10 interested in starting a place like this.

11 Now I told this kid, and he  
12 said, "What could I do?" He said, "I have been on  
13 drugs for the past four years, I would like to  
14 come off, how could I go there and help you people?"

15 And I said, "Well, you could  
16 go there and help the kids that are having a bad  
17 trip for one thing."

18 And after a while, he sat  
19 there, and he said, "Well I don't know, it sounds  
20 to me like it is something -- it is pretty hard  
21 for me to go there and do that, "because", he says,  
22 "I am still on drugs."

23 Well it's like I mentioned.  
24 I said, "Well for one thing, if you were to  
25 possibly kick the habit and just come there as an  
26 example."

27 Now some kids have been on  
28 drugs for two months, and they think they can't  
29 come off it.

30 I said, "You have been on it





1 for four years, if you kicked the habit and came  
2 there we could use you for an example, and say,  
3 'Look this guy has been on it for four years, and  
4 he is off of it, why can't you?"

5 And I think possibly if a  
6 centre was formed in Moncton, and I am all for  
7 it, and I hope there is a lot more people, I think  
8 possibly we could solve the drug problem such as  
9 it is here in town.

10 From the fifteen kids I have  
11 talked to, there was at least twelve that would be  
12 ready to go to a place like this for help and  
13 guidance. What people want is facts.

14 It is O.K. to help society,  
15 but if you don't have facts you are just confusing  
16 the issue, and you are just bringing alarm to the  
17 public, which doesn't help any.

18 THE CHAIRMAN: Thank you.

19 Reverend Boden, Dr. Lehmann asked  
20 you about therapy. Do you have any observations  
21 on that?

22 I think you referred to  
23 cases of the drug experience over some period of  
24 time, how you can effect -- how you can help  
25 restore a person in that situation, to a satisfying  
26 life.

27 REV. BODEN: Dave (Wilderson) who works  
28 in New York was involved in a centre recently where  
29 he said there was one hundred addicts, and I believe  
30 this was heroin, that he had helped rehabilitate, and



1 he gives the credit to the Lord. He said in  
2 one hundred addicts, if he could stand those one  
3 hundred converts up against any other rehabilitation  
4 centre in the world, and he said, "I have no fear  
5 that we will come up on top." because he thought  
6 there was something basic that religion and Christ  
7 can do in a person's life.

8 For instance, a psychiatrist  
9 can patch things over, but there is something that  
10 religion can repair things.

11 Now I will say also, that I  
12 don't have a whopping lot of success to report. Well,  
13 in ten kids that I started working originally with  
14 in Moncton, over the Christmas holidays five of  
15 those original ten left for Upper Canada, as we  
16 call it here, and this is pretty hard to take, because  
17 I know exactly probably in the Bathurst -- or  
18 exactly where they are going, and can probably tell  
19 you exactly what is going on.

20 And this is a little upsetting  
21 because out of those ten, I am sure that all of  
22 them were pretty close to kicking the habit, and  
23 the majority had, because we built up a group  
24 therapy feeling, and I was frustrated because I  
25 had nothing else to do.

26 I went to the Department of  
27 Youth, which we have set up in the province, and  
28 they politely told me that, "We handle drop outs,  
29 and that is all."

30 And I thought, "Department of



1 Youth; that is a pretty broad term. You must be able to  
2 do something in the drug program in society."

3 So it is not -- individuals  
4 can do a lot. Let me clarify another point that I  
5 think I missed earlier, that a person who has not used  
6 drugs can communicate, and I have talked to kids who  
7 have said, "Why don't you come on a trip with us, and  
8 then you will really know what it is all about".

9 Well, I realize my limitations,  
10 because I have never used drugs, and I have no  
11 intention of using them. I know my limitations.  
12 I don't intend to speak on things that I don't  
13 know about. I can't define a trip, for example,  
14 because I only know what kids have told me.

15 So, we were at a meeting one  
16 time, and they said, "Anybody straight can't communi-  
17 cate with us", and we had been talking for over  
18 three hours, and I said, "Well, maybe I had better  
19 leave.", and they said, "Where are you going?", and  
20 I said, "You don't get anyone straighter than I am.  
21 I've never been on drugs. You're saying I can't  
22 communicate." They said, "Well, I guess you can."

23 Then I talked to some older ladies,  
24 and they said, "What can we do? We can't let our hair  
25 grow long, and put on beads, and so on, and go to a  
26 coffee house." And I said, "Well fine, what about an  
27 Old Folks' Home?" A lot of it is from loneliness. "Did  
28 you ever think of just going down?" Like, for instance, the  
29 kids go to the park and find an old man, and talk to him  
30 for hours, and these are things where-- that we





1 can all do, where maybe only a few of us can  
2 work in the drug culture, but we all have a  
3 role, if this is a problem in society, which I  
4 believe it is.

5 MR. CAMPBELL: You made a  
6 rather heavy stress on the need of mental health services  
7 in the community;  
8 /and is the implication of this the feeling that  
9 who  
10 most people/use drugs have in fact a mental health  
11 problem?

12 REV. BODEN: I don't think I  
13 would say that. I think a lot of kids, I find,  
14 use it simply because it is there, because it is  
15 the thing to do, the same as the majority of us go  
16 behind the barn and take our first cigarette.

17 I think regular users are  
18 taking it for a reason, and whether it is a  
19 psychological dependence, or whatever you want  
20 to call it, there is something basic about a  
21 person who does this, but I wouldn't want to say  
22 that all kids who take drugs have a mental health  
23 problem.

24 I am saying this is an area  
25 where the mental health clinic should be greatly  
26 involved, as the schools should be, and as should  
27 anything else.

28 But if I had a child who  
29 was on drugs I think this would be the logical  
30 place for me to call for help, but I think some-  
one has given us statistics that 60 percent of  
us anyway have weaknesses, deficiencies mentally,



1 so drugs usually enhance on the weakness that  
2 we have, and I think this has been proven by  
3 someone through research, and so I am sure that  
4 habitual use of drugs would develop this problem  
5 that would have to be dealt with through mental  
6 facilities.

7 Is that an answer sir?

8 THE CHAIRMAN: Gentleman at  
9 the microphone?

10 THE PUBLIC: Mr. Chairman,  
11 ladies and gentlemen, I am a hundred percent in  
12 favour of legislation, and a clinic where people  
13 under drug addiction may come for help, but I  
14 would also like to inject here that all of this,  
15 apart from biblical morality still leaves the  
16 problem unsolved in Moncton.

17 The clergy and ~~the~~ Christian  
18 men and women know that there is cure for drug  
19 addiction by faith in Jesus Christ, and many times  
20 we don't present this. We try by every other  
21 means to find a cure, but fail to major on the  
22 one thing that there is cure in.

23 I remember a commission that  
24 sat on the relaxation of the Lord's Day Alliance  
25 Act, and after all the briefs were heard and pre-  
26 sented, and well done, I asked the question, "If  
27 it was a moral question,

28 if it is a moral question,  
29 why isn't God involved?" I mean for us in Western  
30 civilization, and especially here in Moncton, if it



1 is a moral question then it would seem to me  
2 proper and right for us to appeal to the standard  
3 of morality, the only standard of morality we  
4 have, and that is the Bible.

5 I know some may take exception  
6 to this, but to me it is basic, fundamental and  
7 foundational. So if the drug addiction is a moral  
8 question then why do we leave Christ out of our  
9 curative measures, and clinical treatments and  
10 so on, and I believe in all that has been said, but  
11 as I said, without biblical morality you've still  
12 got a boy with a problem, or a girl with a problem.

13 So, like Alcoholics Anonymous,  
14 they are wonderful and they have done some marvelous  
15 things in families among married couples, but  
16 Christ not only deals with the alcoholic problem,  
17 he deals with manhood, womanhood, and when you get  
18 a fellow fixed up internally you will have him  
19 fixed up externally to a large extent.

20 In our day and age there is  
21 a vacuum, and I think the vacuum is caused in the  
22 hearts of boys and girls because we haven't given  
23 them Christ. We haven't given them God. We  
24 haven't given them New Testament teachings which  
25 to my mind are foundational, fundamental if we  
26 will have the kind of society we would like to  
27 have.

28 God created us with a hunger  
29 for the self, and when you find a boy or girl  
30 going out on these kicks and trips and so on, in





1 my opinion he is trying to satisfy the God-given  
2 vacuum that can only be satisfied by Jesus Christ.

3 So that I would like to see,  
4 if my opinion is ~~worth anything~~ as a minister of  
5 the Gospel, to ~~have~~ a clinic, but to ~~have~~ it  
6 attached to biblical morality. It will do lasting  
7 work.

8 THE PUBLIC: I represent the  
9 Elizabeth Fry Society, and I have read, as Mr.  
10 Boden says, those books by Wilkerson. And I look  
11 at it this way, you can't set a drug addict on  
12 his feet without ~~you~~ giving him something else in  
13 place of it, and man has ~~been~~ born with this  
14 hunger and when he searches for things and gets  
15 them in the wrong view, well ~~then~~ he is not ~~even~~  
16 satisfied ~~then~~.

17 I have a little experience  
18 with a girl who was a drug addict at that time,  
19 that ~~was~~ three years ago. We didn't know what  
20 to do with it, and ~~so~~ the girl has gone from one  
21 provincial hospital to another, and from one place  
22 like that to another trying to get help.

23 But I had a little experience  
24 with an Indian girl that stuck by me. This little  
25 girl, it seems to me they told me it ~~was~~ 70 percent  
26 of all Indian girls in Toronto, who go to Kingston,  
27 go back again because there is nothing for them,  
28 and we worked very hard with this Indian girl and  
29 spent quite a bit of money on her, ~~and~~ I hadn't  
30 heard from her ~~finally~~ for about four months, ~~and~~ I



1 was quite worried and of course we have no strings  
2 attached to them, but we just worry about them,  
3 and we want to help if there is a problem.

4 And so I wrote to her, and I  
5 said, "Dianne I have been worried about you, so  
6 worried, I wonder where you are and what you are  
7 doing?"

8 I wrote to her last address,  
9 and I got this little letter back, and as I say,  
10 she stuck by me. She said, "Mrs. Calhoun, I am  
11 so glad you used that word "worried." She said,  
12 "Nobody in this God's world cares what happens to  
13 us, maybe, but you."

14 Well you know, I think that  
15 to an extent is the crux of the matter, isn't it?  
16 They must feel that you want to help them, that you  
17 love them, and ~~this~~ isn't some sort of a fad some-  
18 one wants to show off with, it is something that  
19 you want to, because you want, really, to help  
20 them.

21 To an extent you want almost  
22 to be in their place, to sit down and to listen  
23 to them and talk to them.

24 Thank you very much.

25 THE CHAIRMAN: Thank you.

26 Rev. Boden, thank you very  
27 much.

28 Thank you very much for your  
29 assistance.

30 REV. BODEN: Thank you. I



1 will be around all day. I am very interested in  
2 what goes on here.

3 I want to say also that  
4 people get the feeling, as a minister, they get --  
5 some woman said to me after a T.V. program, "Why  
6 don't you preach to those kids?" And I was in a  
7 meeting that day with two young fellows, and they  
8 said, "Reverend, did you get any criticism?" and I  
9 said, "Yes, I sure do."

10 And people say to me I am  
11 not preaching , and he said, "You are not preaching?"  
12 and like the lady said, we have got to be there and  
13 tell it like it is. We are not living in some  
14 kind of a world that doesn't exist.

15 And I keep saying that Christ  
16 was involved with people that we wouldn't be seen  
17 dead with.

18 Thank you.

19 THE CHAIRMAN: Thank you.

20 I call now on Dr. J.A. Delaney,  
21 who is a local surgeon. He is also a City Coroner,  
22 but he is not appearing in this capacity.

23 DR. DELANEY: I might surprise  
24 you.

25 Mr. Chairman, ladies and  
26 gentlemen. Reverend Boden and I have been making  
27 the rounds of the local community exposing the  
28 facts to the parents and to certain groups.

29 I will have to disagree with  
30 him, as far as the teachers are concerned. I will





1       come to the rescue of teachers for just one  
2       second.

3                       I think that we are using  
4       teachers as whipping boys. The problem was there  
5       long before they came to school. Don't run down  
6       your teachers. They are there to help your kids,  
7       to teach them reading, writing, mathematics and  
8       God knows what, and they cannot replace the  
9       parents.

10                      Don't expect them to. They  
11       are not trained. They cannot replace the doctor,  
12       nor the psychologist, or the social worker or the  
13       psychiatrist. So I am sorry to have to take  
14       exception to what he said.

15                      Now I agree with him whole-  
16       heartedly in the rest. But don't blame our  
17       teachers.

18                      Why have I become interested  
19       in the drug problem? It is very short, and I  
20       will tell you what happened.

21                      About two years ago, we had  
22       in this area, eight deaths, three by hanging, one  
23       gun-shot wound, and four deaths from overdose of  
24       drugs.

25                      About a year previous to  
26       that, I made an analysis of the deaths on the  
27       Trans-Canada Highway in this area, and following  
28       blood tests that were taken on the victims that  
29       were driving cars, we come up with a statistic  
30       of 60 to 70 percent of drivers were impaired at



1 the time of the accident.

2 I then put a notice in the  
3 paper to this effect, wrote a short article to bring it  
4 to the attention of the public and then I felt  
5 breath analyzers were necessary, and this was  
6 three years ago.

7 Going back to the eight  
8 deaths we had, one of these deaths involved an  
9 individual whom I <sup>had</sup> seen, and who was buried, and  
10 three months later one of his friends came to  
11 tell me that the kid had been taking drugs, and  
12 he had felt that the drugs were related to his  
13 death.

14 Now this was a little late,  
15 and I felt that I had missed it. I started to  
16 compare it, and got a few kids, talked to them,  
17 and they just wouldn't talk to me about the drug  
18 situation. I was a doctor, and I was a coroner,  
19 and I was related to the police, and, therefore  
20 they wouldn't talk to me.

21 So then I got to a couple  
22 of teenagers who went to one school, and did an  
23 analysis which I wouldn't say was very thorough,  
24 but came up with certain statistics, and I will  
25 not give you the percentages, but they felt that  
26 a certain number of kids, a fairly good number  
27 in grade 11 and 12, had tried marijuana once, but  
28 hadn't touched it again; that about 30 percent  
29 of other kids had tried marijuana quite frequently  
30 and had been toying around with LSD.



1 And they felt that about  
2 10 percent of the same group of kids, and this  
3 would include a few drop-outs in the same schools,  
4 were tripping on week-ends, off and on.

5 I felt that this was a  
6 problem, and starting out by an article in the  
7 paper, addressing a group of graduate nurses I  
8 mentioned the drug problem and nobody seemed to  
9 be interested. Then I addressed a number of  
10 service clubs and they caught on, and we have  
11 been exposing the problem ever since, at least  
12 to the limited audience that we have.

13 I might mention that the  
14 association that I have had with the drug problem  
15 has been through kids, some that I have seen in  
16 my office, and some that have voluntarily come  
17 to the office to give me the information that I  
18 have got.

19 I did not prepare a brief  
20 per se. One young chap got up and he said he had  
21 been on this problem for three weeks, and he said  
22 we are doing a lot of talking. Well I have been  
23 studying this problem for two years. I have done  
24 a lot of talking. I think <sup>it is a matter of</sup> communication between  
25 the parents and the kids. I think between the  
26 community itself, and between the different  
27 religious groups, between the service clubs,  
28 between parents and children, between the police  
29 and everybody concerned, because this is a community  
30 problem, and nobody should be left out.





1                               Some people get panicky when  
2                               they realize that there is a problem. They mustn't.  
3                               This problem is here, and I think we are going to  
4                               have to deal with it.

5                               I do not have any cut and  
6                               dried method of solving this problem. I wish I  
7                               did.

8                               There are certain facts that  
9                               have come out in our survey. Now this survey is  
10                              not the best in the world, and I wouldn't put it  
11                              down as being something, let's say, you couldn't  
12                              contradict. But let's say this; that the kids  
13                              tell me that students who have taken part in  
14                              athletics seem to use less drugs. Kids that are  
15                              well motivated and do well in their studies do  
16                              not abuse drugs; that a lot of the drop-outs seem  
17                              to have a tendency to go to drugs; that students  
18                              in commerce seem to take less drugs than the  
19                              students in the sciences, seem to be less interested  
20                              in drugs.

21                              to be  
22                              Now these are/taken for what  
23                              they are worth.

24                              THE CHAIRMAN: Excuse me,  
25                              doctor, what survey is that?

26                              DR. DELANEY: That was a survey  
27                              that I did with a couple of kids. I wouldn't say  
28                              how exact this would be, this just gave us an  
29                              impression of the drug utilization in one school.

30                              I might say that the principal  
                              took the same group of kids and came up within



1       5 percent of the same utilization statistics.

2                   THE CHAIRMAN: You didn't mention  
3 the figure.

4                   DR. DELANEY: I refuse to mention  
5 the schools ---

6                   THE CHAIRMAN: I meant the figure  
7 with respect to the use.

8                   DR. DELANEY: I didn't because there  
9 was some doubt as to the exact percentage, as well as  
10 to whether they are correct or not, and I think this  
11 is true. It doesn't matter, because I think if there  
12 is more than one kid on drugs, I think we have a problem.

13                   We know that there is a number,  
14 and the very fact that we know there is a certain  
15 number creates a problem.

16                   THE CHAIRMAN: I would be  
17 interested, Doctor, in a little more information  
18 concerning those eight deaths. I mean, I was  
19 given to understand you were not appearing in your  
20 official capacity, but needless to say, we would  
21 be very grateful for any benefit that you could  
22 give us from your knowledge, your experience as  
23 a coroner, as to what you have seen in the way  
24 of your connection.

25                   DR. DELANEY: Let's say the  
26 highway deaths were involved with alcohol and  
27 driving; certainly they were consuming more  
28 alcohol than they should have been consuming when  
29 they were driving a car. They were definitely  
30 impaired.



Not only that, they killed along with them a great number of people. One of these accidents involved the death of four other people, two families, a man and his wife were killed along with this other chap.

Now to me this was serious. Not only did he die, but he killed four other people. And this really upset me.

Now as you see, I am not pro-alcohol. There is nothing wrong with taking a drink, but there is certainly a lot wrong with driving while impaired.

This brings me to another problem of the legalization of marijuana. It has the same effect so far as I know, in the studies that I have made, as alcohol, plus it has a hallucinogenic effect, which is greater than alcohol. And marijuana can lead to psychosis eventually.

Now therefore I would have considered it a more dangerous drug, in a way, than alcohol. However, when they use it, an alcoholic becomes incoordinate, but a person on marijuana is able to walk around and it is more difficult to detect.

But there is a parallel, I believe, in the effects of the two.

THE CHAIRMAN: I understood you to refer to eight deaths from other drug use; is that right?





1 DR. DELANEY: Eight deaths.

2 I didn't say "other drugs", I said three from  
3 hanging, one from gun-shot wound, and four from  
4 taking drugs.

5 Not only that, but we also  
6 had in that year three attempted suicides.

7 THE CHAIRMAN: I'm sorry,  
8 what is the relevance of the three from hanging,  
9 to this problem?

10 DR. DELANEY: I would say it  
11 proves to me that we have emotional imbalance,  
12 emotional problems in our society.

13 THE CHAIRMAN: Is this  
14 suicide?

15 DR. DELANEY: Oh yes, they  
16 are all suicides.

17 THE CHAIRMAN: Yes.

18 MR. CAMPBELL: Dr. Delaney,  
19 a press report I have, Moncton paper, October 24th,  
20 1965, where you are quoted in some length on this  
21 issue.

22 I wonder if you could  
23 amplify some of the statements, and I will just  
24 read ---

25 DR. DELANEY: This has to  
26 do with, I think, the same --- (portion inaudible)

27 MR. CAMPBELL:  
28 "... said Thursday night use of illegal drugs  
29 has caused several deaths in this area. He said ..."

30 DR. DELANEY: Just stop there,



1 sir. I can't absorb this as fast as you are going.

2 MR. CAMPBELL: "Dr. Delaney  
3 said Thursday night ---"

4 DR. DELANEY: It is not the  
5 use of illegal drugs, it is the use of drugs.

6 I called up the press the  
7 following day. Yes, I know, I have been hauled  
8 over the coals for that, that's fine. It is  
9 still true.

10 THE CHAIRMAN: We don't  
11 know anything about what has happened to you  
12 about this. We are not trying to embarrass you.

13 DR. DELANEY: You couldn't  
14 embarrass me if you wanted to.

15 MR. CAMPBELL: It seemed like  
16 an important statement.

17 DR. DELANEY: I would like  
18 to clarify it.

19 I said that the abuse of  
20 drugs has caused four deaths in our community.  
21 They said "...the illegal use" and the paper at  
22 the time took this to be "the illegal use" of drugs  
23 such as marijuana, hash, and LSD, etc. This is  
24 not true.

25 It was the abuse of legally  
26 prescribed drugs that brought along these deaths.  
27 But this in itself is a factor, as far as I am  
28 concerned, because we have an overall local  
29 factor of, I believe, not necessarily an abuse,  
30 but people seem to be needing more drugs today,



1 such as tranquilizers and I don't think it is  
2 solving all their problems.

3 DR. LEHMANN: Dr. Delaney,  
4 what were the drugs?

5 DR. DELANEY: Oh, I don't  
6 think -- I'll tell you, here is what happens.

7 Sir, I publicized a gun-shot  
8 <sup>death</sup> wound/in the paper. I didn't publicize it, it  
9 was put in the paper. An individual read this  
10 and shot himself that afternoon. One week later  
11 we had another gun-shot wound, a man blew his  
12 head off because the other two had done it. You  
13 can see how this can trigger another death.

14 So I think we should be  
15 very careful ---

16 THE CHAIRMAN: I am interested  
17 to know how you know they did it because of  
18 others.

19 DR. DELANEY: I just said,  
20 "I feel." I didn't say "I know", sir. I said, "I  
21 feel." I have a right to my own views.

22 THE CHAIRMAN: Oh yes. I  
23 just wondered if there were notes left behind or  
24 anything.

25 DR. DELANEY: Oh no. I don't  
26 put myself down here as an expert, I said I just  
27 feel that there is some relationship possibly  
28 that this is a way out for them. I don't know.

29 DR. LEHMANN: And the four  
30 <sup>deaths,</sup> overdose/ that wasn't just alcohol?





1 DR. DELANEY: I would think  
2 that one was alcohol mixed with phenobarbital.

3 DR. LEHMANN: Yes.

4 DR. DELANEY: Sleeping pills.

5 THE CHAIRMAN: Have you ever  
6 had anything to do with speed, the effects of  
7 speed?

8 DR. DELANEY: No, I have  
9 been in the outpatients in the hospital, you see  
10 Reverend Boden can tell you, I will have to go  
11 back to that, but he and I have been talking about  
12 this problem and I know that he has been with the  
13 kids and brought them to the outpatients, and I  
14 have had the opportunity of going to the outpatients  
15 while some of these kids have been there from the  
16 effects of speed, and I know of the chap that he  
17 brought in with <sup>excessive heart beat and</sup> the very rapid pulse complaining  
18 of angina from an overdose of speed, and clinically  
19 I know this, but you know as well as I know that  
20 these drugs that we use in medicine to lessen  
21 your appetite have caused a lot of addiction  
22 among our patients, and I know that a lot of my  
23 patients will call because they are ten pounds  
24 overweight, "Well would you give me some of these  
25 appetite reducing tablets," they call them, but  
26 appetite suppressants, and once they get on them  
27 they are very hard to get off, very, very difficult.

28 So this is the old story, they  
29 take these first tablets to stop them from eating,  
30 they drink coffee which is another stimulant, and



1 that night they can't sleep and they call the  
2 doctor and he is a pretty good fellow, and "Would  
3 you give me a sleeping pill?" you see.

4 So this becomes an up and  
5 down, and a very dangerous -- I know this has  
6 happened in my practice. I am sure that any  
7 doctor in any community would say the same thing,  
8 if he would dare.

9 THE CHAIRMAN: Do you know  
10 from your reading as a coroner, and I assume  
11 coroners sort of exchange information on subjects,  
12 do you know of any case in which death has been  
13 attributed to the use of marijuana?

14 DR. DELANEY: No, I cannot  
15 say definitely, because the information I got  
16 on the death of this chap, was that this boy had  
17 taken drugs, and this was all I knew, and I tried  
18 desperately to find out which it might be, but I  
19 was unable to.

20 THE CHAIRMAN: But in your  
21 reading, have you seen any alleged death due to  
22 marijuana?

23 DR. DELANEY: Not directly,  
24 but what is interesting is that we did have a  
25 car accident not long ago in which there was a  
26 death, and there was some doubt as to whether or  
27 not one of the kids involved was under marijuana,  
28 and this is a supposition, and I don't know.

29 THE CHAIRMAN: Gentleman at  
30 the microphone?



1 THE PUBLIC: Yes. To come  
2 back to what Dr. Delaney has just said there,  
3 about the press, I am inclined to believe -- not  
4 that I want to knock anybody from the press --  
5 but I am inclined to believe that the press would  
6 probably have a part to play in the taking of drugs  
7 now.

8 I may be too strong on this  
9 point, but I find myself, that a lot of people  
10 read in the newspapers about drugs. These are  
11 not facts, but they hear of arrests and so on,  
12 and from some of the kids I have talked to, they  
13 said that they have heard about this, and it  
14 was mentioned all over the place, and they wanted  
15 to find out what it was like, and therefore they  
16 went to their friends to find out what their  
17 friends had experienced.

18 Their friends mentioned this,  
19 and from that they figure, well this sounds like  
20 fun, so I will try it too.

21 So the only thing now, is if  
22 the press didn't try to make so much about drugs,  
23 not to say so much about them, probably we could  
24 have a part there where it would help them solve  
25 the problem.

26 For instance, it is all well  
27 and fine to hear about the police arresting people  
28 caught in possession or trafficking of drugs, but  
29 this, as far as I am concerned, is doing more  
30 harm than good.





Thank you.

DR. DELANEY: I am inclined to agree a little bit with this chap, though I am not against the press by any means, but let me say this: I think it is their job to process the news, I think there is no question.

But according to the kids when I was doing this bit of summary that I did, an item came out in the papers stating that LSD did affect the chromosomes, and they had quite an article about it, and the use of LSD in this community went away down.

About a month later, another article came out, contradicting this, and the use of LSD popped right up again.

And the kids tell me this, and I believe them, because they have been at least very truthful with me, and I think we have some of the best educated and smartest kids we have ever had.

THE CHAIRMAN: Gentleman at the microphone?

THE PUBLIC: Yes. I wanted to come back to what Dr. Delaney said about the teachers' role in this.

You said that the teachers are not replacing the parents. Well I have been going to school for twelve years now, and that is all the teachers have been telling me, is that the teachers are, while you are in school, replacing



1 the parents. And I have heard this so many times,  
2 and I can see why, because in school you can see  
3 that the drug problem today is affecting our  
4 social life, and school has something to do with  
5 our social life, so it is a lot of times affecting  
6 our school work. So if you are in school five  
7 days a week for six hours, if you can't go to a  
8 teacher for help when you need it, who can you  
9 go to?

10 Well you say, "Your parents."  
11 Well sometimes your parents really don't understand,  
12 because of what the papers have been saying.

13 Well maybe I am wrong, but  
14 a few years back drugs were not introduced around  
15 here, and the only place we heard of drugs were  
16 in papers, and these drugs were usually "hard drugs",  
17 heroin. That's when there were no drugs around.

18 And as soon as someone heard  
19 the word "drugs" they automatically put in  
20 "addict" at the end, and as soon as the drug  
21 problem came to our society, our parents, when  
22 they said, "Well the kids are taking drugs now"  
23 They automatically said, "Well our kids are drug  
24 addicts now," and it is not so.

25 And they are panicking and  
26 saying, "Well you are a drug addict." You come  
27 home at late hours at night, and they say, --  
28 and you are tired, and they say, "You have been  
29 on drugs." They don't trust you anymore.

30 You go to a dance, you come



1 home late, they say, "Well you have been on drugs."

2 You maybe sit home at night,  
3 you don't feel well, and they say, "Well you are  
4 on drugs." And everything you do now is, "You  
5 are on drugs." and that's all.

6 DR. DELANEY: I agree with  
7 you one hundred percent, and I am in sympathy,  
8 and this is why I have been trying to get to the  
9 parents and discuss exposing drug facts, and try  
10 to explain nothing but the facts, and the truth.

11 But let me tell you this,  
12 as far as teachers are concerned. I don't think  
13 that the teachers can replace adequate parents,  
14 and it would be my impression where the schools  
15 are so involved in the drug problem, that we  
16 have attached to each school a social worker, who  
17 could talk to these kids, or psychologists to  
18 whom these kids could go with their problems,  
19 because I don't think the teacher can know  
20 everything about human behavior, changes in  
21 personality and all this.

22 And it is even a problem for  
23 me, and I have been a trained doctor and surgeon,  
24 and I have had all kinds of psychology, and I  
25 have not been able to handle all the personality  
26 problems, or the emotional disturbances that even  
27 my patients have.

28 This would be my answer to  
29 it, that each school have, not just a district,  
30 but each school have someone that is trained to





1 detect these problems that the kids have, and  
2 that the kids could go to them freely, without  
3 being sent to the police if they have a drug  
4 problem.

5 THE CHAIRMAN: Thank you.  
6 Reverend Boden?

7 REV. BODEN: I think some-  
8 thing here, back again to the teacher bit, which  
9 I guess I introduced, looking at the majority of  
10 kids I have worked with, they haven't had a home  
11 life -- I am not saying this is characteristic  
12 of drugs or broken homes or anything like that,  
13 but if a teacher sees a kid six hours a day that  
14 is probably fifty percent more than a parent will  
15 see the kid.

16 And also, what I was trying  
17 to refer to, was that we are trying to educate  
18 more kids and giving them the pamphlets, and yet  
19 our teachers are involved in the classroom  
20 situation where this is discussed, and I am sure  
21 at least once a week it comes up somewhere in  
22 discussion amongst society.

23 What I am saying is that they  
24 have to be informed, because I am afraid many  
25 parents know more than teachers, because the  
26 parents will get it through the Home and School,  
27 and what I am saying is that at least the teachers  
28 at one of their conventions, simply have to spend  
29 -- I don't care if it is two hours, but some time  
30 at least, informing themselves about the drug



1 problem, the same as all the rest of society has  
2 to do.

3 But to me, it's the cart  
4 before the horse, if we are pouring out films  
5 and pamphlets to our schools, and if our staff  
6 and principals don't understand the problem.

7 First of all, you shouldn't  
8 be putting in these pamphlets unless you under-  
9 stand them, because they may be all wrong, and I  
10 know of teachers in high schools who have not  
11 read one of these pamphlets, which just about all  
12 the students have been asked to read, and this is  
13 to me, a very serious situation.

14 And then on the press, let  
15 me say I appreciate the words of the press. There  
16 have been some bumbles made, but unless the press  
17 had proceeded and started to write some articles  
18 on it, we would still be back where we were last  
19 September, saying there was no situation of drugs  
20 in Moncton.

21 THE CHAIRMAN: Thank you.

22 Yes; would you like to come  
23 down to the microphone?

24 THE PUBLIC: My name is  
25 Mr. Tibbett, I am the principal of this high  
26 school. I just want to say a word, that  
27 when one is the principal of an organization as  
28 large as mine, that you would have a riot or  
29 something, so I had what you call a "liaison  
30 committee."



Each teacher in grade twelve appoints a person -- appoints, you understand, I don't want a demigod, appoints one of their solid citizens, and I meet with solid citizens about once a month now, and what we talk about -- well, the hair.

The longer the hair, the shorter the marks. We have some exceptions. There are exceptions, always.

I had a meeting the other day with my liaison committee, and they said "Let's play down this drug problem, because people keep harping, and harping on it." And I think some of these young people in the press, and I think I will say also that I think the T.V., our C.B.C. seems to glorify and give a chance to talk, to people who are away out.

Maybe our whole civilization is wrong, in that a play we had last week from N.B.C., from Atlantic Theatre, I advertised among my children here, and I was shocked when I got here with the foul language, and now it seems that four-letter words etc. have to be in every play, and it has to be about sex or homosexuals, and that type of thing.

And there doesn't seem to be any play about an ordinary fellow like I am, or like you are.

We are away out, and I think





1 quite often I am going to criticize the C.B.C.  
2 for playing up that small percentage.

3 I have fifteen hundred and  
4 eighty-four children here, and I only got a dozen  
5 that are causing me any trouble.

6 I have got some drugs here,  
7 certainly, but I don't think it's as high, and I  
8 think these teenagers could often brag that they  
9 have taken drugs and they haven't taken drugs.

10 And if you keep playing it  
11 up, you think, well, if it's in the paper, some-  
12 body tries it.

13 Our children are well  
14 educated, they are better than they have ever  
15 been before. They are fine citizens.

16 We are going to put on a  
17 play, "Carousel," and you would be surprised  
18 at the co-operation we are getting here. And  
19 we don't condemn the fellows on the drugs. I  
20 know a fellow here, I know he is on drugs, I  
21 know he is selling drugs, and we are not trying  
22 to condemn people, we are trying to save them,  
23 that is my policy.

24 Does anybody want to ask  
25 me anything?

26 THE CHAIRMAN: Dr. Lehmann?

27 DR. LEHMANN: I was just  
28 wondering, it sounds quite heartening, your  
29 approach, and apparently you have a very good  
30 idea and contact -- you have a good idea of what



1 is going on, and a contact with the scene, but  
2 isn't there a possible danger that if there are  
3 among all of these kids, if there are twelve who  
4 do take drugs ---

5 MR. TIBBETT: You have me  
6 wrong. I am talking about general people who  
7 are giving me troubles, truancy, insulting  
8 the teacher, and all that type of thing.

9 I don't only know off  
10 hand that half a dozen are taking drugs, and  
11 actually the one that I am trying to save, because  
12 he has been on for some time.

13 PROFESSOR BERTRAND: What  
14 do you do, with those who you know do take  
15 drugs?

16 MR. TIBBETT: Well, we did  
17 this the other day: we sent a fellow to a  
18 medical doctor. I don't know. I don't know a  
19 thing about drugs.

20 I saw a boy the other day.  
21 This is what happened: he came out of an exam,  
22 and he didn't do well on the exam, and I followed  
23 him into the toilet. And he was bathing his head  
24 in water, and getting himself acclimatized. I  
25 thought he had taken drugs by the way he wrote.  
26 He didn't write anything. He just filled a page,  
27 and half of it was nonsense, and I sent that  
28 fellow to a medical doctor.

29 I don't know whether the  
30 doctor knows anything about drugs.



1 DR. LEHMANN: Well, I don't  
2 know whether that was a medical problem, if he  
3 can't write his examination paper he may be sick,  
4 and then again, he may not be sick.

5 He may have a pedologic  
6 problem, or some social problem, or he may be  
7 taking drugs.

8 MR. TIBBETT: Oh, he is.

9 DR. LEHMANN: Well, it  
10 isn't necessarily a medical problem.

11 My question really was, if  
12 you have half a dozen, you would not be apprehensive  
13 apparently about the possibility of a contagious  
14 spread of this, as other cities have experienced,  
15 or we are told anyway.

16 MR. TIBBETT: I don't think  
17 so. You know, these kids are quite sensible.

18 I find that the ordinary  
19 run of the mill -- now you have people who are  
20 emotionally upset. We have a guidance man, and  
21 I have twenty-four years in guidance myself, and  
22 I am quite approachable, as a principal.

23 It is difficult to be a  
24 principal, and at one time be a disciplinarian  
25 and another time be something else.

26 I think the rage is over.  
27 Maybe it is a sporadic thing. Let me tell you,  
28 the Mounties came in --I suppose I am talking to  
29 the press?

30 THE CHAIRMAN: The press is





1 here. I occasionally ask them to take things  
2 off the record, but I think you are pretty well known.

3 MR. TIBBETT: I have been  
4 a teacher here since 1932, so everyone knows me.  
5 A Mountie came in here first about three years  
6 ago, and the Mountie said, "Tibbett, you have  
7 got ten percent in your school taking drugs."

8 And I said, "You are crazy."  
9 And I went along the hall and I went to the very  
10 bright group. And in that, I said, "Now I don't  
11 want to know any names", you see.

12 And in that first class,  
13 only six people knew anybody who had taken drugs,  
14 and that was two years ago. Only six. And  
15 then I went along the hall and I asked a new  
16 class, did they think that was high, and they  
17 said, "That man is crazy", the ordinary run  
18 of the mill.

19 And I have a class which I  
20 take in, which has to fail to get in the class.  
21 It is a class that I start in the middle of  
22 the year, and there was twenty-eight in that  
23 class. They were all overage, and everyone knew  
24 someone in that class that was taking drugs.

25 And then I had an idea about  
26 the thing. But we haven't had -- I have had  
27 three people with ability, very high ability,  
28 who left before Christmas who were on drugs.

29 And the students, some of  
30 them were a loss, and have great potential, and



1 I tried my best. I spent an hour and a half with  
2 one fellow to try <sup>and convince him</sup> and stay and see it out.

3 He is now in one of the  
4 drug areas of the city of Toronto. I get a feed-  
5 back too, you see.

6 Have I answered your  
7 question, sir?

8 DR. LEHMANN: Yes.

9 MR. TIBBETT: Thank you.

10 THE CHAIRMAN: Thank you,  
11 Mr. Tibbett.

12 Gentleman at the microphone?

13 THE PUBLIC:

14 J'aimerais parler en francais si  
15 c'est possible, mais je ne voudrais pas incommoder  
16 mes confreres qui sont anglais pour la plupart...

17 THE CHAIRMAN:

18 Nous avons toutes les  
19 facilitees pour la traduction...

20  
21 Procédez en francais.

22 THE PUBLIC:

23 En tout cas pour revenir aux parents;  
24 je pense que si la plupart des parents avaient  
25 les informations ou les faits sur les drogues,  
26 qu'il y aurait moins de problemes.

27 Par ceci je veux dire  
28 qu'il y a plusiers des jeunes avec lesquels  
29 j'ai parl ils n'oseraient pas se rendre chez eux  
30 et puis dire a leurs parents qu'ils ont pris de la



1       drogue par crainte que leurs parents les mettent  
2       a la porte, qu'ils leur disent: "Tu prends des  
3       drogues, tu vas sortir, on ne veut pas de toi dans  
4       la maison."

5                       Je pense que si les parents  
6       avaient des informations valables, que si on  
7       leur disait ce qui se passe, qu'ils pourraient  
8       probablement s'asseoir avec leurs jeunes et les aider.

9                       Je pense que si les parents  
10      avaient une meilleure attitude envers les  
11      drogues, probablement qu'on pourrait avoir une  
12      solution a ce probleme.  Merci.

13                      Aussi avant que je m'en  
14      aille, avec votre permission, je vais peut-etre  
15      revenir a plusieurs reprises au microphone  
16      aujourd'hui...

17                      MONSIEUR GERALD LeDAIN,  
18      president:  vous n'etes pas limite.

19                      UNE VOIX DANS LE PUBLIC:  
20      Je vous remercie.  Mon nom est Paul Niles.

21                      THE CHAIRMAN:  Gentleman  
22      at the microphone?

23                      I was just wondering if  
24      perhaps we should hold Dr. Delaney any further.

25                      THE PUBLIC:  Gentlemen,  
26      I am a student here, and I have been for two  
27      years, and I have seen the drug problem grow  
28      in the school.

29                      I have agreed partially  
30      with Mr. Tibbett, that the news media does give





1 too much attention to drugs.

2 I use the example of this  
3 slaying in the paper the other day, the LSD  
4 slaying. As far as I am concerned, it was un-  
5 founded. The doctors say it was under the  
6 assumption that these people were under the use  
7 of the LSD.

8 I just feel that this  
9 was very irresponsible for them to put this  
10 into the paper at the time, because of the  
11 LSD being used in this city, people don't  
12 realize in this city what is being used. They  
13 feel that the drug problem is not a serious one.

14 I can recall the big  
15 push in the United States that the Mexican  
16 government put on the Border a few months back,  
17 and they slowed the supply of marijuana down,  
18 so that even in this area it was affected.

19 Well, the LSD was used  
20 in this area because the lack of marijuana was,  
21 as some people put it, scandalous.

22 We have many problems in  
23 the society, but this is the biggest <sup>the</sup> drug prob-  
24 lem, and we have heard of people jumping out of  
25 windows because they are on LSD and we have  
26 heard of people killing people because they are  
27 on LSD, but how many times do we hear about the  
28 man in Toronto or Montreal that walks down the  
29 street drunk and shoots somebody, or under the  
30 influence of something, some other kind of drugs



1           that they cannot handle?

2                               I mean, we had a speaker  
3           in here the other day who spoke of the drugs  
4           that are readily available to anybody, and yet  
5           the law does not really prescribe punishment  
6           for a person under the influence of drugs driving  
7           a car.

8                               There was a case in court  
9           where one man had taken too many Contac-C tablets,  
10          which I can go and buy, or any thirteen-year old  
11          can go and buy, and he was acquitted of dangerous  
12          driving because of this, because of the fact that  
13          he didn't know that they contained any drugs,  
14          while he was driving.

15                              Another drug that is readily  
16          available to the students, is benzedrine. Now  
17          parents, people think that heroin is one of the  
18          hardest drugs, heroin isn't, because I know, I  
19          personally know boys that have been on heroin, and  
20          have kicked the habit themselves.

21                              I mean, it is hard to believe  
22          because of course he is not a three or four year  
23          user, he was only three or four months on heroin,  
24          but then again this benzedrine, it is a speed  
25          tablet. You can get it, your wife can get it.  
26          Anyone can get a prescription. It is a diet  
27          pill that when crushed and diluted with water, is  
28          shot into the veins, is commonly known as speed,  
29          and is used to a great extent in this city, and  
30          not very many people realize this.



1 And it has gotten to a  
2 point now, where they have given this marijuana  
3 such a big write up, whether we should legalize  
4 it, whether we should -- Mr. Stanfield didn't  
5 feel that they could deal with drugs, or with  
6 marijuana, as prescribed by the law, and I agree  
7 with him.

8 I agree a hundred percent  
9 that marijuana should be taken off the narcotics  
10 list, and should be dealt with in a different way.

11 We don't consider mental  
12 illness a crime; we don't consider alcohol as a  
13 crime, we consider it a disease, and it is about  
14 time we considered addiction as a disease.

15 And also, this is the way I  
16 feel, and I thought I would express these. Is  
17 there any questions?

18 THE CHAIRMAN: Yes. Dean  
19 Campbell?

20 MR. CAMPBELL: You used  
21 the phrase "drug problem" repeatedly. Can you  
22 tell me what you see as the problem aspect of  
23 drugs?

24 Where does the problem arise  
25 here?

26 THE PUBLIC: You have mothers  
27 and fathers who go to play Bridge, father is out  
28 giving speeches, he is an executive; he is, I don't  
29 know, just a man about town, he has no time for  
30 his children, and these families have money, and





1 as far as I am concerned they feel they can buy  
2 their children off, and this is one of the main  
3 results of drugs in the upper-class homes.

4 The lower-class homes, the  
5 child is wanting to be "in" with the crowd; he  
6 feels, "If I take LSD it doesn't matter whether  
7 I have nice clothes, or whether I have money to  
8 spend, as long as I am 'tripping' with them, I  
9 am with them, and I am one of them."

10 And LSD builds up great  
11 expectations in a person. I know this for a  
12 fact. It builds up great expectations in a person  
13 whereas after you come down, you really don't  
14 consider LSD a problem when you come down.

15 You consider it more of a  
16 help, because it has brightened your life a  
17 little bit more.

18 THE CHAIRMAN: What are the  
19 expectations it builds up?

20 THE PUBLIC: Well, if you  
21 tell yourself that you are something that you  
22 are not, you believe it.

23 You believe it when you  
24 are straight, and after you have come down you  
25 believe this.

26 Like, "I am more important  
27 than anybody else in this whole town, and that's  
28 that the way that everybody has got to look at  
29 me." and you believe it, and this is one of the  
30 effects of LSD on a person.



1                               So far as marijuana is  
2 concerned, it is not an hallucinatory drug. You  
3 don't hallucinate on it. It is a "downer" I guess  
4 you would call it. It is a more "go to sleep"  
5 sort of thing, you know, it is a good feeling.

6                               I don't know, I don't feel it  
7 is serious. Like Mr. Tibbett said, the news media  
8 plays it up so big that, sure, I can go out and  
9 take LSD and then the police can pick me up and I  
10 can say, "Oh, quick, get me a doctor, quick, I am  
11 flipping out," and I am not flipping out, I am just  
12 laughing at the policemen, because he has got to  
13 get me a doctor, he has to, because the police in  
14 this area don't know what to do.

15                              I have talked to Corporals  
16 and Sergeants, and I have gone to Mr. Tibbett about  
17 the usage of drugs in this school. I agree with  
18 Mr. Tibbett to the point, everything he said today  
19 was just about true, except he thinks there is  
20 just about half a dozen in this school.

21                              If he thinks there is only  
22 half a dozen, well I have tried to explain to him.  
23 I say -- the R.C.M.P. officer that came in and  
24 said ten percent, he is not as crazy as everyone  
25 says he is, in fact I would say he is a little  
26 off, I would say it is fifteen percent.

27                              THE CHAIRMAN: The use of  
28 what drug?

29                              THE PUBLIC: Well you can  
30 classify marijuana and LSD in two forms, but I



1 would say they use LSD more here than they do  
2 marijuana.

3 THE CHAIRMAN: They use LSD  
4 more here than marijuana?

5 THE PUBLIC: I would definitely  
6 say that, because I know, as far as smoking  
7 marijuana leading to something greater, well I  
8 think this is something <sup>somebody thought</sup> that/sounded good, and said  
9 it, because as far as I am concerned fifteen or  
10 twenty percent of the kids that try drugs in this  
11 city started out with LSD.

12 I have had personal friends  
13 who were policemen, not in this city, but other  
14 cities, who are "speed freaks" as you would call  
15 it now, "junkies" if you want to refer to a  
16 personal case.

17 But the drug problem, I  
18 approached the Citizens Committee, I went to one  
19 of the doctors in this city, I won't mention any  
20 names, but as far as this city the doctors want --  
21 I will exclude Dr. Delaney -- they want publicity.  
22 As far as I am concerned, they want to get their  
23 name attached to this, and it's just like the  
24 politicians, kiss their babies, it's good for a  
25 vote.

26 I don't know, you are not  
27 going to get anywhere by saying, "We are going  
28 to do this, we are going to do that." That show  
29 on television was so packed with politics. It  
30 was one man representing P.C.'s, one man represent-



1 ing the Liberals, and anybody who didn't represent  
2 anybody there represented himself -- that repre-  
3 sented himself, when he tried to say something  
4 they called him foolish. You know in half an  
5 hour -- that T.V. show was terrible. We didn't  
6 see the real T.V. show. I wish we did only see  
7 the half hour, instead of the two-hour thing we  
8 did see.

9 If we have men coming in here,  
10 you are going to have men from the Provincial and  
11 Federal government, and they are going to say "Drugs  
12 are bad, look at my statistics." You are not going  
13 to fight it that way. You are going to have to  
14 take students who have taken it and stopped and look  
15 in the city. And if the person was an alcoholic,  
16 you are going to take them and stand up on a plat-  
17 form and say, "Look at what has happened to me.  
18 Look what happened to (inaudible), look what  
19 happened to my life, look what happened to my wants,  
20 my desires," because I know kids who had desires,  
21 who had wants to go places, to do things, they don't  
22 really care anymore.

23 They look forward to the week-  
24 end where they can <sup>get</sup> out of school and take a 'trip.'  
25 Everything is really groovy for twelve to fourteen  
26 hours. I have seen a lot, I have seen more possibly  
27 than even the doctors, because people who say, you  
28 know, kids that flip out, say, "Don't take me to  
29 the hospital, whatever you do, because I will  
30 really freak out there." They give you a doctor





1 and a cup of coffee, and he tries to talk you back  
2 to reality.

3 And when a person is on acid  
4 that is one place they don't want to go back to,  
5 because when a person freaks out on acid they see  
6 something that scares them, and they want to get  
7 so far away from it that even if you mention a  
8 hospital -- and this is why you have so much -- I  
9 mean, they are really gone when they get to a  
10 hospital. They even know it is a hospital when  
11 they are gone, because they see the name going on  
12 the list, they see the police involved. Law is  
13 no way to fight this.

14 I mean, five years in prison,  
15 if I were caught with marijuana five years in  
16 prison is not going to change my views on it, and  
17 I think the government has to realize this.

18 I speak of the government, and  
19 I don't mean just the government in Ottawa. I  
20 asked Mr. Stanfield a question here, he was here  
21 the other day, and he didn't give me an answer. He  
22 said, "I don't know enough about it."

23 Well if a man in politics  
24 like that, and even the government in today, they  
25 don't know enough about it. They say it is a  
26 problem that is growing, and I think the government  
27 has to know about it, and they have to get involved  
28 in it, because if they don't it's just going to be  
29 too bad.

30 Like the university student



1 said, the laws today, I think there is a lot of  
2 kids taking it because they say the law says they  
3 can't. It is like the kid who takes liquor out  
4 of his father's house, and goes outside and drinks  
5 it even if his father gives him liquor to drink,  
6 and I don't think the laws today governing marijuana  
7 -- I say marijuana -- I am against it.

8 THE CHAIRMAN: Why are you  
9 against it?

10 THE PUBLIC: I am not against  
11 marijuana, I am against LSD or methadrines, or any  
12 drugs like this, and I think it's about time the  
13 pharmaceutical associations made this less available.

14 It is readily available, and  
15 of course you have got to tell the parents also,  
16 but I am certainly not against marijuana, I certainly  
17 am not, because I think it is about time the  
18 government does do something about it.

19 DR. LEHMANN: Excuse me.  
20 May I ask a question of Dr. Delaney?

21 Benzedrine has not been used  
22 as much as an amphetamine any more for years, and  
23 I am surprised it is so easily available as an  
24 appetite depressant.

25 DR. DELANEY: Well they get  
26 it on the black market.

27 DR. LEHMANN: Well the black  
28 market, but that doesn't mean in the drug store.  
29 Now can you get it without prescription in drug  
30 stores?



1  
2 DR. DELANEY: You are not  
3 supposed to.

4 MR. CAMPBELL: What about  
5 reality?

6 DR. DELANEY: Oh, you can  
7 get it. I was told that seventy million tablets  
8 prescribed last year in Canada, they figure half  
9 of these were gotten without prescription.

10 DR. LEHMANN: And that goes  
11 for amphetamines as well as barbiturates and so on?

12 DR. DELANEY: No. Barbiturates  
13 are much more controlled.

14 DR. LEHMANN: Barbiturates are  
15 more strictly controlled than amphetamines? Why  
16 is that?

17 DR. DELANEY: I don't know,  
18 but I know patients will get them. You have to give  
19 a prescription to the patient to last three months.

20 I have seen them carry on for  
21 a year, two years and three years.

22 I am not accusing pharmacists,  
23 but some of them are a little remiss in what  
24 they are doing. I don't think they should be  
25 using them in the first place, but I think it is  
26 a fact.

27 MR. CAMPBELL: Were you  
28 talking about the use of benzedrine as such. I  
29 thought you said at the beginning "benzedrex", and  
30 benzedrex inhalers, of course, are used.

THE PUBLIC: Benzedrine.





1 Another drug -- stromonium -- have you ever heard  
2 of the word "stromonium"?

3 THE PUBLIC: If you spray  
4 stromonium on catnip and smoke it, it's just like  
5 a trip. You hallucinate on this drug, and the  
6 catnip smells exactly like marijuana smells, and  
7 this is why I say that if marijuana isn't controlled  
8 by the government you are going to start having  
9 things like this coming in, which the drug stromon-  
10 ium brings to mind, and drugs like this being  
11 used by other young people, and you just can't  
12 overlook it.

13 Another thing, a heroin addict  
14 is a person like you or I, except that he uses  
15 heroin. We have to have food, water and sleep to  
16 live. He needs food, water, sleep and heroin. And  
17 it doesn't really hurt him physically.

18 I mean, by looking at a heroin  
19 addict if he has his right dosage you can't really  
20 tell that much about him.

21 But a speed freak, if you  
22 look at a speed freak, his hair is all gone, his  
23 teeth are gone, I mean twenty years old his teeth  
24 are rotten when -- his hair is gone, and things  
25 like this.

26 And as far as the drug heroin  
27 is concerned, this is several times worse than  
28 heroin, and it is much, much easier to obtain.

29 I think, like the doctor said,  
30 half of it is obtained without prescription, and



1 like I say, they squawk too much about marijuana.

2 I think they should think  
3 a little bit more about harder drugs.

4 THE CHAIRMAN: What is your  
5 impression of the extent of heroin use among  
6 young people?

7 THE PUBLIC: I have met only  
8 one person, as I say, using that drug. I don't  
9 think that even kids, I think kids that take LSD  
10 in this city just want to get away from reality  
11 and life, and that is just a general use of the  
12 word "life", life in general.

13 As far as heroin is concerned,  
14 I don't think they use it in this city. Possibly  
15 there is one or two people that are hooked on it,  
16 and doctors can prescribe heroin to -- isn't there  
17 one the R.C.M.P. mentioned -- yes, there is one.

18 THE CHAIRMAN: You yourself  
19 earlier, I thought, referred to having known several  
20 young people who had kicked heroin by themselves.

21 That is the reason I ask.

22 THE PUBLIC: I knew one fellow  
23 who had kicked it by himself.

24 THE CHAIRMAN: Only one?

25 THE PUBLIC: Yes. He had  
26 been living in Toronto, and he had come home. He  
27 used it a little down there. It is readily avail-  
28 able here, if you want heroin you can get it. If  
29 you want anything in this city you can get it. And  
30 the R.C.M.P. will never stop anything coming into



1 this city, and I don't care if they put road blocks  
2 up and search every car that comes into the  
3 province, they will never stop it, because it's  
4 big business now, I mean businessmen are in it.

5 You take a dime<sup>of</sup> hash, you  
6 can buy an ounce of hash, if I wanted to start  
7 pushing tomorrow I could go buy an ounce of hash  
8 for a hundred dollars and turn around and cut it  
9 up into twenty-five what they call "dimes" and make  
10 two hundred and fifty dollars, and go buy two ounces,  
11 and still have fifty dollars and go on, and on, and  
12 on, and I can make a lot of money without the  
13 police ever catching me, because you could take five  
14 of those things and put them in your mouth, and  
15 they are only that large.

16 THE CHAIRMAN: When you say  
17 "businessmen" what do you mean?

18 THE PUBLIC: I mean businessmen.

19 THE CHAIRMAN: Do you mean  
20 men who are in regular businesses?

21 THE PUBLIC: Regular business-  
22 men who have invested money in this, because they  
23 realize heroin is a big business.

24 THE CHAIRMAN: You mean men  
25 in regular businesses are doing this as a sideline?

26 THE PUBLIC: Yes, that is  
27 right.

28 THE CHAIRMAN: You mentioned  
29 that the way to deal with this thing, was to have  
30 young people who had the experience, and were giving



1 it up, come and tell what, in effect, it had done  
2 to them, and you have also given me the impression  
3 of a certain amount of multiple drug use, and  
4 (inaudible)

5 Why do you feel so confident  
6 that marijuana has no causal connection or role in all  
7 of this picture that you have described.

8 Why do you feel that is in  
9 isolation and is innocuous in the total picture.

10 THE PUBLIC: I don't think  
11 marijuana has to be treated, sir, I think marijuana  
12 has to be government controlled, because if it's  
13 not, you are going to have it cut with chemicals, and it  
14 will be addictive.

15 Marijuana right now is not  
16 addictive, and I can explain why I know that  
17 marijuana isn't addictive, but it is just ---

18 THE CHAIRMAN: Let me put a  
19 question to you, that has been put to us frequently.

20 The proposition has been put  
21 to us by many people in this country, that people  
22 who use marijuana are more likely, than people  
23 who do not use marijuana, to use other drugs like  
24 LSD, like amphetamines, and so on, and even to  
25 heroin.

26 What is your reaction to that  
27 proposition.

28 THE PUBLIC: I disagree with  
29 that.

30 THE CHAIRMAN: Why?

THE PUBLIC: I disbelieve





this statement.

You take a survey of people that have been convicted of drug offenses, in jail, you take these people and you say, "Where did you start?", and they say, "Well I started with marijuana, and then I went on to acid, and then to heroin."

Certainly, but let me put it this way, I can go on, I can take five heroin addicts, and I can say, "Where did you start?" "I started with marijuana." I got five people, and I could say I got a hundred percent response to my question from a group of people, and that is how it is put over to us in movies.

I could say I had a hundred percent. I mean, I could say I asked a group of people, and a hundred percent of them said it. Now that is five.

Now people will think of a group of people, not five, and I could still say that, and it wouldn't<sup>be</sup>/truthful.

THE CHAIRMAN: Apart from this argument though, based on logic which you question, apart from statistical arguments, from your own observation and understanding of the psychology of the drug user, and let us say it has also been said to us that the drug user wants to move on to more interesting and stimulating things, looking for better kicks.

You yourself describe marijuana

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as pretty innocuous and pretty feeble in effect.

From your knowledge and understanding of the drug user, do you think there is nothing in that contention that the use of marijuana can be encouraged to look for a stronger drug?

THE PUBLIC: No, because take the boy who drinks a beer. If he wants to drink -- go to rum. If you start with rum, you will stay with rum.

I have to agree, in a sense, that you do have something there, possibly a marijuana smoker may go on to other drugs. But I think that if you legalize marijuana, I don't think you will -- I will go back to my first statement, when I earlier came here, they put a clamp on marijuana in Mexico, in the United Statesm they stop hundreds of thousands of pounds of it coming in, and what do they find, six hundred pounds of hash just near Saint John.

Well, they stopped this from coming through, and the kids use drugs, heavy drugs in this city, the kids who smoked marijuana, who said they wouldn't use it, use it because they wanted to use something on the weekend. I mean they just wanted to get away. And who are you to say -- you can't say, because you don't know enough about it; which is worse, liquor or marijuana.

And until the government can



1 lay down facts and say, "Marijuana does this to  
2 you and this to you", because kids can look at  
3 statistics, what alcohol does to marriages, what  
4 it does to men, it ruins men, it ruins marriages,  
5 it ruins lives, but because it is so relatively  
6 new the government can't lay down these things  
7 of what marijuana does, and therefore the  
8 child says the government is wrong, because the  
9 government is wrong. They made it illegal without  
10 due cause. And this is the law that the kids  
11 disagree with.

12 THE CHAIRMAN: I am wondering  
13 if Dr. John Dowd is here.

14 Perhaps -- Dr. Delaney, thank  
15 you very much for your assistance this morning,  
16 and I would like Dr. John Dowd to be seated, and  
17 I didn't mean to cut you off, but we were getting  
18 a little concerned with the time.

19  
20 Please go on with your  
21 conclusions.

22 THE PUBLIC: I have concluded.

23 THE CHAIRMAN: Thank you  
24 very much.

25 DR. DOWD: The Moncton  
26 Co-ordinating Council on the non-medical use of  
27 drugs has just been recently founded, approximately  
28 three weeks ago, and is now attempting to gather  
29 the factual information, and reliable opinion from  
30 the many sources, so that we can begin an educational





1 counselling and a rehabilitative program soon.

2 At the outset, I would state  
3 that <sup>there</sup> are basic obstacles that we have to overcome  
4 before we proceed with any degree of surety, so their  
5 efforts will be successful.

6 THE CHAIRMAN: I wonder if  
7 you could speak a little more closely to the  
8 microphone?

9 DR. DOWD: All right.

10 The six basic obstacles that  
11 we have to overcome, are fear, ignorance, apathy,  
12 impatience, distress and confusion.

13 Most of them, we believe, can  
14 be overcome by study and discussion and open  
15 communication between, and within the various  
16 groups concerned or affected.

17 But confusion stands out as  
18 our major problem. There is a wealth of opinion  
19 regarding the causes, effects and solutions to  
20 the drug problem, but it is proving very difficult  
21 to obtain solid facts, and experience learned by  
22 others.

23 This leads to our first  
24 recommendation, that the National Department of  
25 Health should establish a group to evaluate the  
26 findings of various groups on the basis of their  
27 scientific ability, so that facts can be separated  
28 from pure opinion.

29 Secondly, there is a need  
30 to analyze the educational programs already under-



1 taken in various centres, so that mistakes will  
2 not be proliferated.

3 One quite often gets an  
4 opinion that the program tried elsewhere had a  
5 negative effect, while others in the same  
6 organization claimed a resounding success.

7 Volunteer organizations like  
8 ourselves, find it very difficult to analyze  
9 programs in another city. However, we ourselves  
10 find it difficult to analyze our own efforts.

11 And thirdly, pharmacologists,  
12 psychologists, and social scientists can be  
13 encouraged to undertake giant studies as to the  
14 effects of drugs, causes and social implications,  
15 so that programs can be started with a wider  
16 degree of knowledge.

17 Basically, our group hopes  
18 that we can help people to make an informed  
19 decision.

20 Now I have a couple of  
21 comments to add to what has gone on here today.  
22 This last gentleman that spoke mentioned that  
23 civic organizations, governments, may be just in  
24 it for publicity, and anybody who is not a drug  
25 user or over thirty wants publicity, that all  
26 politicians are bad, and that the press is guilty  
27 of completely sensational reporting.

28 This factor I stated earlier  
29 of distrust is a very real factor, and unless we  
30 can break down, I mean -- people will have opinions



1 on this as to what is wrong, but we have got to  
2 have communication. This has not existed, and  
3 we hope it will establish soon.  
4

5 But the community at large,  
6 the people interested in drugs, and the drug  
7 problem, are not that many. It is only recently  
8 that we have suddenly decided that we do have a  
9 drug problem, and I think the press is to be  
10 congratulated on their efforts to put these  
11 forward without sensationalism.

12 We may read about sensational  
13 acts in other areas coming in, but I don't think  
14 the press can be accused of this here in Moncton.

15 The various groups that have  
16 been interested in this have been more or less  
17 tied together with this co-ordinating group, and  
18 we felt that we have to educate ourselves before  
19 we can do anything, and the fact that a program  
20 was done, or has been tried in other areas does  
21 not indicate it has occurred here in Moncton.

22 However, we are moving and  
23 studying these various programs so we can under-  
24 take something.

25 THE CHAIRMAN: What is the  
26 composition of your committee, Dr. Dowd?

27 DR. DOWD: You mean numbers?

28 THE CHAIRMAN: I mean as  
29 representative.

30 DR. DOWD: I represent the  
-- there are representatives from the Home and





1 School Association, Y.M.C.A., Boy's Club, the  
2 existing Youth organizations.

3 THE CHAIRMAN: Excuse me.  
4 Boy's Club and existing Youth organizations.

5 DR. DOWD: Y.M.C.A. executive.  
6 They are meeting now, their  
7 teens council, the Boy's Club as I say ---

8 THE CHAIRMAN: What is the  
9 Boy's Club?

10 DR. DOWD: The Boy's Club is  
11 a national organization that undertakes a program,  
12 and there is two clubs in Moncton, and people they  
13 have in other areas.

14 They are very much concerned  
15 and they are looking for advice as we are, as well.

16 THE CHAIRMAN: What other  
17 organizations are represented on the committee?

18 DR. DOWD: The Public  
19 Department of Health, their alcoholism and social  
20 services branch, the district mental health officers,  
21 the Moncton and District Medical Society, Board of  
22 Directors of the Moncton Hospital, the medical  
23 staff representative from the Moncton Hospital,  
24 the service clubs, Kiwanis Club which I am  
25 affiliated with, which is why I am in this, their  
26 Operation Drug Alert, several individuals privately.

27 THE CHAIRMAN: Who would  
28 they be? I don't mean the names, but I mean what  
29 kind ---

30 DR. DOWD: People who are





1 generally concerned about youth.

2 THE CHAIRMAN: These would  
3 be adults?

4 DR. DOWD: Adults.

5 THE CHAIRMAN: Adults.

6 DR. DOWD: These same people  
7 you will find in many organizations.

8 THE CHAIRMAN: Yes.

9 DR. DOWD: One thing I  
10 would like to add right now is that we have no  
11 youth representatives.

12 THE CHAIRMAN: That was the  
13 tendency of my questioning.

14 DR. DOWD: The difficulty in  
15 getting youth organizations to be represented, and  
16 I don't necessarily mean drug users, or people  
17 who are working only in drugs, but just attitudes  
18 of youth in general, but we think by approaching  
19 the schools themselves, students' councils, asking  
20 them to meet with us, and talk with us, there is  
21 a great deal of red tape in getting this commission  
22 to go into a school and do this type of thing.

23 You cannot walk in, and walk  
24 around the school and ask opinions without getting  
25 permission from the various authorities.

26 Getting reliable statistics  
27 of attitudes of youth, or incidents of drug  
28 experience without getting permission from the  
29 proper authorities is coming, but we understand  
30 that this is going to be taking place soon.



1                               So as I say, we are still in  
2 a great deal of confusion as to information,  
3 experience, and just how we are going to go about  
4 doing something.

5                               Now the drug information  
6 centre that Reverend Boden, he is on this committee,  
7 and he is chairman of this particular group, and as  
8 I say , he will come up with some ideas and  
9 presentations on this.

10                              THE CHAIRMAN: The drug  
11 information centre is represented on the committee?

12                              DR. DOWD: Yes.

13                              THE CHAIRMAN: I noticed  
14 earlier this morning, someone was speaking about  
15 the development of a centre. Perhaps that was  
16 the drug education centre. That was that type  
17 of thing.

18                              It is what we had come to  
19 call -- regarded as individual services. We are  
20 quite impressed by this development, and I wanted  
21 to ask you, would a committee of your kind, would  
22 your committee be, do you think, receptive or  
23 supportive for the development of these, what  
24 we call, innovative services, drop-in centres, which  
25 are generally establishments run by young people.

26                              They are not necessarily so  
27 formalized, you know,           transient budgets and  
28 so on, but they seem to be doing very good work.

29                              Would your committee be  
30 supportive of that kind of thing?



1 DR. DOWD: Most definitely,  
2 if it indicates that it can be controlled from  
3 this area.

4 Talking to a lot of people  
5 who are not too cognizant of the drug problem, and  
6 don't really recognize it as being a great problem,  
7 they don't go along with this too much, they are  
8 very apprehensive. But again, it is basically a fear  
9 as to what will be going on there, and if it is  
10 indicated that this will be a place where people  
11 can get information as well as help, they are  
12 more receptive to it.

13 We realize this has been tried  
14 in many areas, and it has a great deal of success, and  
15 it has worked. But getting the resources in  
16 Moncton is going to be different than getting it  
17 in, say, Toronto or Halifax.

18 And Reverend Boden has  
19 talked to a great many students and youth in the  
20 drug field, using it, and we have talked to  
21 several, and several have talked to me, and it is  
22 moving very slowly and we have to be sure we  
23 learn as much as we can before we can proceed  
24 without making the mistakes others have made, and  
25 we know that they have been made.

26 THE CHAIRMAN: Dr. Boden?  
27 Reverend Boden, excuse me.

28 REV. BODEN: I want to say  
29 in connection with what John is saying, that as  
30 far as my work, this aspect, we were prepared to





1 start two weeks ago. I have got buildings that  
2 would be possible. One is an ideal location.

3 I have voluntarily received  
4 a promise of help from at least seven social  
5 workers, psychologists, the medical branch, young  
6 doctors who would work voluntarily, people like  
7 myself.

8 So far one lady phoned me  
9 up and said, "Reverend Boden, I don't have any  
10 patience with these kids at all, but I want to do  
11 something, and I am a secretary, and if you want to  
12 have somebody to type letters, I will do it."

13 So, it's a complete cross-  
14 section. We have nurses and their husbands that  
15 have volunteered their services, and as John said,  
16 it is going terribly slow.

17 And the problem I see, and  
18 in talking to the kids, is, if they see the  
19 frustrations, like, for example, I am having, well,  
20 they say, "Nuts, society can't do it, the government  
21 can't do it, we'll do it on our own."

22 And they are talking this way, on  
23 their own, and they are starting to organize and I  
24 am trying to be a mediator, and say, "Look, let's  
25 hang on and let's use your ideas and let's use our  
26 ideas, and let's get together", because I think to  
27 be totally effective there has to be a co-ordinated  
28 effort, but I am afraid if we keep going at a snail's  
29 pace, it will not be, in fact, it won't dome.

30 The kids will tend to do this



1 on their own. And we are worrying about criticism  
2 of this centre, but I could think of nothing  
3 in society that would be more open and ripe for  
4 criticism.

5 I have been informed by Town  
6 Council we are just going to have another flop house,  
7 and this is the general feeling of the people, and  
8 we realize we are going into this as a menace to them.

9 I am in a crucial place,  
10 because you know, it is a crucial thing, it is a  
11 thing that is all new, and people don't understand  
12 it, and we are bound to receive criticism, and we  
13 can't let this criticism run our organization.

14 MR. CAMPBELL: Now, what  
15 would happen if in Moncton something that has  
16 happened in another number of cities occurred, and  
17 that is that a group of people, not like yourselves,  
18 people without a professional or institutional  
19 base, but young people, many of them who have had  
20 a drug experience, organized, without direct super-  
21 vision from people like yourselves, a house where  
22 people or kids who had left home, could drop in  
23 and stay for a few weeks, people on bad trips  
24 could go, not with people like yourselves around,  
25 but people like yourselves simply as resources  
26 that could be called upon if, in their judgment,  
27 you could play a useful role?

28 Now, this type of innovation  
29 has taken place in some cities. What would your  
30 reaction be if something like this occurred



1 spontaneously here?

2 DR. DOWD: I was hoping that  
3 this would occur spontaneously last fall, but it  
4 was only with a great deal of prodding that you  
5 would get feedback from people you would ask.

6 You would ask students them-  
7 selves in the schools, listen, and find out what  
8 you can do on your own, and you find out it just  
9 couldn't be done. Maybe it's just a matter of  
10 numbers. I don't think it is financial support  
11 but I think it is basically ideas.

12 Quite often we have worked  
13 with a student who is using drugs, or has<sup>done,</sup> and  
14 all of a sudden he has gone to Toronto and we have  
15 lost him, and we have tried to help him maybe for  
16 a few months, and he decides he is going to pack  
17 it up and he takes off, and we don't see him again.

18 So some of our resource people  
19 that we have been trying to work with, have left,  
20 and if we could get them back and use their experience,  
21 fine, but then we start working with another group  
22 coming up and it may take time, but as I say,  
23 quite often this is the case, they leave town.

24 MR. CAMPBELL: Say they didn't  
25 leave town, but stayed around and ~~did~~ something like  
26 this. Would the community accept it?

27 DR. DOWD: I think they would now.  
28 It is a great problem to convince the people this is  
29 needed right now.

30 There is a great deal of  
apathy, but it is changing rapidly over the last





1 month or so, and the press has been useful on that  
2 in at least making the people aware of it, and I  
3 don't think it is irresponsible, and I don't think  
4 it is sensational, and all of a sudden, as I say,  
5 we came to recognize that there is a drug problem  
6 there.

7  
8 MR. CAMPBELL: Now if a  
9 number of young people were having that problem,  
10 and were reluctant to approach the hospitals, what  
11 steps have the hospitals taken on this situation,  
12 what special facilities exist at the present time?

13 DR. DOWD: The hospital and  
14 medical staff at the hospital has stated that when  
15 a medical problem results from use of a drug, they  
16 will now be able, within limits, to admit them to the psychiatric  
17 wing of the hospital.

18 Up until recently they were  
19 taking them to the outpatient department, and just  
20 letting them sit there till morning, because the  
21 facilities in the psychiatric ward are rather  
22 limited, and they are overcrowded, and we have  
23 one case where they had to wait forty-eight hours.

24 If it<sup>is</sup> not even urgent, as  
25 Dr. Delaney said earlier, you have to wait six  
26 months to get into this, so as I say, we are  
27 limited in our scope as to what we can do with  
28 facilities that are available.

29 MR. CAMPBELL: What about  
30 personnel? Are there people in the outpatient  
department who have received special training or





1 instructions to take special care of those who  
2 are using the drugs on the streets, and is there  
3 treatment that can be used in the case of a freak-  
4 out?

5 DR. DOWD: As far as here  
6 in Moncton, I don't think anyone anywhere has  
7 received special training. Some have received some  
8 experience and done some reading, but as far as  
9 social workers or psychologists having special  
10 training, or attending any seminar, I am not  
11 aware of it.

12 MR. CAMPBELL: One other  
13 question: Is it the case that if a young person  
14 in Moncton having a bad experience could go to  
15 the hospital without having any fear that the  
16 drug aspect of the case would be reported to the  
17 police?

18 DR. DOWD: That would depend  
19 on the doctor they would contact.

20 The R.C.M.P.'s back door is in  
21 the front of the hospital, the barracks, and  
22 I think this is probably one of the chief reasons  
23 that the hospital will have<sup>to get</sup> around, because of its  
24 proximity, but I think that a person on a bad  
25 trip who will contact a doctor, that would be  
26 up to the doctor's discretion as to what he is  
27 going to do, and we do have sympathetic medical  
28 people working on this as well.

29 DR. LEHMANN: I would just  
30 like to comment on your last statement.



1 In Montreal, in October, in all  
2 of our hearings, we had a brief presented to us by  
3 the Medical Association, and the president of the  
4 Canadian Medical Association was there, and we  
5 questioned him about this more specifically, as to  
6 whether it would be against medical ethics or not,  
7 to reveal the name of a person to the police, who  
8 is coming for treatment, and is in urgent need of  
9 medical help, and he stated that it would be  
10 against medical ethics to do this.

11 So, this is a rather official  
12 statement then; that the Canadian Medical Association  
13 is on record as having stated that a medical man  
14 who reveals to the police the identity of a person  
15 who is in urgent need of medical help, is acting  
16 against the ethical principles of his profession.

17 There are two exceptions;  
18 gun-shot wounds, that, and child syndrome. You were  
19 possible aware of this fact.

20 DR. DOWN: Well, I think that is  
21 felt here in Moncton by our medical profession.

22 Some of them encounter a few  
23 cases, and are asked to bring in a few cases.

24 Others receive more. But again,  
25 it is up to the individual, and I don't think anyone  
26 would run to the police and tell them what is happening.

27 But on the other hand, if too  
28 many cases kept coming to him for the particular  
29 situation as seen, I think that they would probably  
30 feel obliged to let the police know, if they don't



1 know already.

2 DR. LEHMANN: It is a matter  
3 of personal ethics then, superceding professional  
4 ethics?

5 DR. DOWN: I don't think  
6 they would reveal names, but I know in several  
7 instances they did receive medical attention and  
8 the itinerary became a little more heated, as far  
9 as investigation, and general surveillance.

10 THE CHAIRMAN: Gentleman at  
11 the microphone?

12 THE PUBLIC: Sir, if a health  
13 clinic were set up for a person if they have a bad  
14 trip, to go to, what guarantee is there that people  
15 could go there in secrecy, or in confidence?

16 DR. DOWN: This is something  
17 that I have been trying to guarantee myself, that  
18 you will not be harassed, but by the same token,  
19 private citizens feel that that may be the place where  
20 the pushers can hang around, sure of a buy, so there  
21 are two sides to the question.

22 But I think that both the R.C.M.P.  
23 and the City Police have indicated that they want some  
24 assistance. People in general are asking the City  
25 Police what to do, where can they get information,  
26 and they say, "Go see your doctor". Well, the doctor  
27 can talk to them but there is need for more direct  
28 contact with the social aspect of the problem, rather  
29 than just addiction.

30 THE CHAIRMAN: Yes, Reverend Boden?





REV. BODEN: I think something I want to state, is that if I am involved, and I am not bragging, but I am making the assumption that I am perhaps involved in contacting more kids in this city, I would be a logical place for the police, because I am everywhere in this city, and in fact I even have a problem with my own young people from the church, and adults see me and look at the kid and wonder if he is on drugs.

But I think one thing is that education is going on in the hospital, and Dr. (Urdway) the Social Administrator has let me bring in on four occasions kids who are drug users, and this has been with the psychiatric ward, with the outpatients, with the student nurses, in which it has been myself and these kids and maybe one or two kids on this staff, and this has been a really profitable thing, so that now the outpatient department is at least equipped somewhat to at least better know how to handle it.

And secondly, I don't think the police are going to harass -- I have probably got a lot of information that they could ask, and there has never once been a suggestion of saying "Look, you know this guy, is he pushing, or where is he, or is he in town, or was he here?"

And they have never once contacted me on this. In fact, I have gone to them to inform them -- I shouldn't say "inform" but I have talked to them, so that they will know



1 my role and my relationship and they have been  
2 encouraged and in some instances they recommended  
3 kids talk to me about it.

4 On the other one, the problem  
5 the hospital has is not contacting the police or  
6 doctors, the problem I have had is in taking the  
7 kid there, because the hospital says, "Look, we  
8 have got to contact the parents," and this is one  
9 of the problems that the kids have, because they  
10 don't want mom and dad to know.

11 Now this is where this drug  
12 aid centre has to have a follow-up centre. Say, the  
13 kid comes <sup>to me</sup>/tonight, and I am with him until tomorrow  
14 afternoon. O.K., I get him off the trip, and then  
15 I say what is my responsibility to the parents,  
16 especially at the hospital, especially if the parents  
17 didn't know, if the kid died.

18 If the kid died in my car?  
19 You know, I could be really messed up, and this is  
20 a serious thing. What contact we have with the  
21 parents, and this is where I think again, getting  
22 back to the mental health clinic or social workers.  
23 They would be involved in a follow-up program.

24 Maybe in some cases I should  
25 go to the parents, but maybe other times you should  
26 have someone else, and say, "Look, Johnnie has been  
27 on drugs," and after the parents blow their minds  
28 for a half hour you keep talking and come to a  
29 rational conclusion.

30 So I think the problem is not



1       contacting the police, but contacting the parents.

2                       MR. STEIN: I have a point  
3       that might be useful to just tell you about; that  
4       one of the methods that was used to deal with this  
5       in Vancouver, between the service that developed  
6       there and the Children's Aid Department, was to  
7       arrange an informal kind of a contact, in which  
8       there was an understanding. The "authorities" had  
9       been contacted, but they were not making any  
10      official kind of moves for a period of seventy-two  
11      hours, which does not in any way ultimately solve  
12      the problem. But there was an effort, on an interim  
13      basis, to try and deal with the problem of protecting  
14      an individual like yourself, who is generally  
15      trying to help the youngster, and at the same time  
16      not avoid entirely the question of how to deal with  
17      the responsibility to the family.

18                     We have been made aware of  
19      this kind of problem, and I think the greatest  
20      question about the whole nature of the statutes  
21      that we presently have to protect the children  
22      who are runaways, and especially when they are  
23      willing to seek out help, as you have indicated, from  
24      traditional sources, and we have a way of reaching  
25      them and communicating with them.

26                     It might be useful to have  
27      a Children's Aid Department, presumably to see  
28      if some kind of <sup>informal</sup> understanding can be worked out.

29                     REV. BODEN: These problems  
30      to me are not big. They exist, but it is a matter





1 of how the hospital faces it.

2 A lot of it is red tape. They  
3 have to fill out those forms. And the last time  
4 I was in with a kid, the administrator came down  
5 and everything, okay, we got a bed, and bang they  
6 are right through. And then the signing of papers  
7 and all of this came later.

8 But before "What is your name;  
9 why did you take it; where do you live; where are  
10 you working?" and the kid would just blow his  
11 mind, as I do, and I am straight, and this just  
12 frustrates me.

13 And another thing, I am  
14 nearly finished, because you men look like you  
15 might be hungry -- I mean you don't look that way,  
16 but -- another thing is different areas of  
17 representation, the doctor's relationship to  
18 the kids and to the family -- but I guess we  
19 can go into that this afternoon.

20 THE CHAIRMAN: Thank you.

21 Yes, I would like to mention  
22 that we have to go to the University of Moncton  
23 at noon, for an informal hearing there, and we  
24 will resume here at 2:30, and I am wondering, Dr.  
25 Dowd, since you have quite a community perspective  
26 on this thing as well, whether it would inconvenience  
27 you if you could come back this afternoon?

28 DR. DOWD: I will, yes.

29 THE CHAIRMAN: Thank you  
30 very much.





I think we will adjourn now,  
then, until 2:30 this afternoon.

--- Upon adjourning at 12:05 P.M.



1            ---     Upon resuming at 2:30 P.M.

2  
3                            THE CHAIRMAN: Now, Dr. Dowd,  
4 would you like to resume your place at the table,  
5 please?

6                            Thank you.

7                            And Mr. Tibbett would like  
8 to make a further statement to us.

9                            MR. TIBBETT: Mr. Chairman,  
10 it seemed from what I said this morning, that  
11 there wasn't too high a percentage here. I don't  
12 know the percentage in this building, I only know  
13 personally by name, I would say, eight people who  
14 are taking drugs, and I know two pushers.

15                           I seem to have made a false  
16 idea that there wasn't any drugs in this school.  
17 I don't know, also, whether a person, and I don't  
18 know whether you could answer the question, whether  
19 a person can succeed in school and still be on  
20 drugs.

21                           The ones that were on drugs  
22 that I knew of, have generally left.

23                           Now I hope that your Commission  
24 will somewhere tell me whether a fellow could still  
25 stay on drugs and do well.

26                           MR. STEIN: I don't think  
27 it is possible to give any indication in any  
28 detailed way, in response to that, and as the  
29 Chairman points out quite often we are not a panel  
30 to provide information, but I can't resist making



1 one observation.

2 When we were in Vancouver,  
3 there was a survey done in the high school there  
4 which was submitted to us, and the results of that  
5 survey which were one specific high school in a  
6 suburban area indicated that those individuals who  
7 replied to the survey, and said they were using  
8 drugs, appeared to be better than average students.

9 Now, I am not suggesting at  
10 all, that this is a situation that is representative,  
11 but I think that this is a question that we certainly  
12 have been examining, and are interested in anyone  
13 else's view in the effect of drugs in this area.

14 It is not a clear-cut situation  
15 as far as we have been able to determine.

16 MR. TIBBETT: Thank you.

17 THE CHAIRMAN: Thank you,  
18 Mr. Tibbett.

19 Dr.  
20 Dowd: I have just forgotten where we were, and I  
21 wonder if we gave you an opportunity to conclude  
22 your own submission on behalf of the committee?

23 DR. DOWD: I had pretty  
24 well concluded, but there were several questions  
25 you were addressing to me, on the community scope.

26 THE CHAIRMAN: Yes.

27 MR. CAMPBELL: I wonder, Dr.  
28 Dowd, are you aware of any trends in the pattern  
29 of drug use in the community, the types of drugs  
30 that are used, or do you have any feelings from





1 your own knowledge of various drugs being selected  
2 by rather specific populations for instance?

3 The thing that I have in mind  
4 is, for instance, in, let's say the Toronto area,  
5 it was suggested there that drugs like speed were  
6 used more heavily by populations that were already  
7 depressed.

8 A suggestion was made, that  
9 in some urban high schools where there is rather  
10 high levels of speed use, that this is indicative  
11 of an almost epidemic level of depression in the  
12 students in those schools, sense of powerlessness.

13 It was suggested to us, that  
14 other drugs attract other populations. Do you have  
15 any feelings on this, any sense on this?

16 DR. DOWD: As far as trends as  
17 to what drugs and what type of people will take them,  
18 we cannot say, with any definite thing.

19 But late last fall, it was  
20 apparent that marijuana was in very good supply.  
21 Lately, it is our opinion that it doesn't seem to  
22 be that easy to obtain, for the past several months.

23 LSD seems to be readily  
24 available <sup>to</sup> those that are seeking it, and have  
25 been for some time. The quality of the LSD is in  
26 question.

27 Analyzing samples has been  
28 difficult because the local hospital has only  
29 recently obtained equipment, and the facilities  
30 for doing it, and I don't know if they have used



1 it or not. The only laboratory in this area has  
2 been the R.C.M.P. lab in Sackville, and the  
3 analytical samples that we send in have to be  
4 done through police forces, and there has been  
5 only several cases where it has been done.

6 But the fact LSD is around,  
7 the kids will tell us they are very doubtful of  
8 its quality.

9 MR. CAMPBELL: Has it been  
10 the plan of the hospital to analyze street samples?

11 DR. DOWD: As of two weeks  
12 ago they can tell now what is in the sample. They  
13 may not have a quantitative analysis, but they  
14 can tell us if there is impurities in the sample,  
15 and what they are.

16 MR. CAMPBELL: The suggestion  
17 was made, in the Halifax hearing, and elsewhere, I  
18 think, that it would be a wise policy for the  
19 Federal Government to establish a network of  
20 regional labs that would systematically analyze  
21 street samples and advise practitioners at the  
22 hospital of the particular ingredients.

23 Would this strike you as  
24 something that would assist you in your practice?

25 DR. DOWD: This would be  
26 important to the doctors, because when someone  
27 would come in on a bad trip they would probably  
28 have taken a multiple dosage. If they had taken  
29 LSD they might be able to treat, but if there  
30 has been impurities, or various things thrown into



1 the samples that they have, they are not sure  
2 what they can do.

3 In other words, is the reaction  
4 they are having as a result of LSD, the particular  
5 drug reaction? The psychotic reaction can be  
6 from a number of things, but what is doing it is  
7 not found in many cases.

8 MR. CAMPBELL: Of the ones  
9 that present themselves at the hospital, roughly  
10 what proportion of these are you able to discharge,  
11 say, within twenty-four, thirty-six hours?

12 DR. DOWD: I can't answer  
13 that, because I am not a medical doctor. I am a  
14 dentist.

15 The people admitted to the  
16 hospital, I don't think have been that great a  
17 number. But essentially, from what I understand,  
18 the treatment right now has been to let them come  
19 down off their trip, and send them home.

20 Because again, they have to  
21 contact parents, and the parents will come and  
22 get them, and in one case, the parent said he would  
23 wait until morning to get him.

24 MR. CAMPBELL: Now, through  
25 the service organizations you belong to, with the  
26 group you practice; and you are presumably in contact  
27 with a large number of people in Moncton, could you  
28 tell me something about the, let's say, the mood  
29 of citizens of this city, with respect to drugs?

30 What are they feeling;





1        what are they thinking? Are they worried? How?

2                                DR. DOWD: Until there<sup>was</sup>/T.V.  
3        program on about a month ago,        there was a very  
4        limited amount of knowledge about it.

5                                The public has not fully  
6        recognized there is a problem, or indeed we cannot  
7        say exactly how many numbers are either users or  
8        have used it, and when the problem comes up, what  
9        is a drug problem? This is something we are  
10       working on as well, to try to come up with the  
11       numbers, so that we can deal with specific individuals  
12       and talk to them, so that we can relate this to  
13       a group, if possible.

14                              But as far as this drug  
15       information centre, we have talked about that, and  
16       I have been speaking to different groups, individuals  
17       on this, to inform them, but they are very apprehensive  
18       about establishing such a centre because  
19       in some cases it is pure apathy. In others it is  
20       fear of not being able to control this centre, and  
21       what is going to happen around it, and we are  
22       hampered by a lack of knowledge that has gone on  
23       in other places; when we hear of places in Halifax  
24       and Toronto we try to learn from them, but the  
25       package can not be put into Moncton without picking  
26       up the resources that we have here, and in relying  
27       upon them.

28                              But generally, the public  
29       now knows that there must be a drug problem, because  
30       there is so much talk about it, but there are quite





1 a few who won't recognize it.

2 MR. CAMPBELL: When you use  
3 this phrase "drug problem", if you were to take  
4 the average middle-class individual of Moncton,  
5 and the phrase "drug problem" was used, what does  
6 "problem" mean, in this sense?

7 Is it a problem simply, that  
8 a drug that is illegal, is being used, or  
9 does "problem" have other connotations?

10 DR. DOWD: That is a difficult  
11 question to answer, but I would say inappropriate or/  
12 and irresponsible use of the mood-changing drugs,  
13 is what we find.

14 If you include alcohol, we  
15 haven't included that as such, but a great number  
16 say we should. But this particular mood-changing  
17 or mind-altering or hallucinogenic drug that has  
18 come into Moncton, has appeared; it has been here  
19 with us for probably a year, but it has only been  
20 in the last six months where evidence of it came  
21 out in the open.

22 Now criminal charges have  
23 been laid, and arrests have been made, and a  
24 general publicity given to it. So it has been  
25 outstanding, as I say, it has only been in the  
26 last <sup>several</sup> / months where the public at large has  
27 become aware,

28 Moncton indeed has become  
29 aware of people who use <sup>marijuana, LSD,</sup> these drugs / to any great  
30 extent. I can speak for myself. Last fall I



1 didn't think there was much use of it. There was  
2 more than I thought there was, but I can't give  
3 you any statistics as far as percentage or  
4 numbers, just yet.

5 MR. CAMPBELL: A lot of  
6 cities with hospital population/<sup>studies</sup> one thing that  
7 comes out is that there is a fairly widespread  
8 cannabis and acid use, and there is a far, far more  
9 alcohol use in the high schools.

10 Is this a cause of local  
11 concern?

12 DR. DOWD: No. This, herein  
13 lies the problem.

14 The fact that high school  
15 students will use alcohol is not considered as a  
16 problem. The fact that they even once tried  
17 marijuana is a problem.

18 MR. CAMPBELL: Why is that  
19 distinction made?

20 DR. DOWD: That I don't  
21 know. This is something -- as I say, we are only  
22 concerned about marijuana, or acid, versus alcohol.  
23 We can't understand that. We are trying to see  
24 that it is a total problem of all drugs, why the  
25 concern with this particular aspect is open to  
26 some criticism at the various meetings that we  
27 have had, that some people put too much emphasis  
28 on this, when there is not that much of a problem.

29 Alcohol has been with us for quite some time,  
30 and should be discussed more.



1 I really can't answer that,  
2 why.

3 MR. CAMPBELL: Let me just  
4 ask one other very short question: Do you run  
5 across any adults who use alcohol, who think of  
6 themselves as drug takers when they use alcohol?

7 DR. DOWD: No. They deny  
8 it, actually, to the effect that when we were  
9 talking to a student who was thinking of trying  
10 marijuana, or had used it a few times, and you  
11 turn around and you mention alcohol, you use it,  
12 and they in turn say, "You use it, then why can't  
13 we try ours?"

14 And quite often they turn  
15 back, and it is the first time they have thought  
16 of it that way.

17 This term comes in,  
18 "hypocritical", and I sort of agree with a lot of  
19 the kids on that.

20 THE CHAIRMAN: Gentleman  
21 at the microphone?

22 THE PUBLIC: Yes. I was just  
23 wondering, a few minutes ago I heard, and I can't  
24 remember exactly who it was mentioned that the  
25 drug traffic at the present time during the winter  
26 seems slower than during the summer.

27 I would like to make a comment  
28 on that; that it is definitely slower during the  
29 winter, because they can't get it up here as  
30 quickly, and that LSD especially in this area is





1 a lot easier accessible than even marijuana, and  
2 when it comes down to different drugs like that,  
3 I think you will find that the main reason why  
4 you don't get too much support from the teenagers  
5 who are on it, and that, especially if they are  
6 still in the school, is because in the schools,  
7 and in other places, people, and adults in particular,  
8 have -- and if they find out about these children  
9 having anything to do, or suspect that they have  
10 something to do with drugs, they are automatically,  
11 to use a local expression, they are "marked."

12 To use Mr. Tibbett for example,  
13 he said over a P.A. system one day, that any  
14 person that he even suspected of using drugs, he  
15 didn't need any proof, would automatically never  
16 go to high school, never go to university, because  
17 he would never sign his consent form.

18 And there are a lot of teenagers  
19 that would not get involved in this, who would like  
20 to get involved, because they don't want to lose  
21 out on things like a higher education, for example.

22 Now I was wondering if there  
23 is anything that this committee could do to  
24 possibly change that, to open their minds to some of  
25 this.

26 The people who know most about  
27 it, are the ones who are on it and then come off.

28 DR. DOWD: I can agree partially with  
29 that. A lot of people have their minds made up,  
30 and don't want to be confused by facts or opinions



1 coming from other sources, but on individual cases,  
2 I can say that for sure, but I know this is a  
3 general feeling that when we have a lot of people  
4 together and talking about drugs, with very few  
5 exceptions, no one wants to listen.

6 THE PUBLIC: Thank you.

7 I would like to mention, it is  
8 on this form, the piece of paper that you get  
9 outside, it is on the Commission of Inquiry into the  
10 Non-Medical Use of Drugs, and it states exactly  
11 what the Commission is supposed to do; and it says  
12 here, "to inquire and recommend with respect to the  
13 ways or means by which the Federal Government can  
14 act, alone or in its relations with Governments at  
15 other levels, in the reduction of the dimensions of  
16 the problems involved in such use."

17 It doesn't say to discontinue  
18 use, to stop the use, It says, and I quote "reduction  
19 of dimensions of the problems involved in such use."  
20 So in other words, problems, not stopping the drug  
21 use, but stopping the problems that drugs can  
22 evolve into, and I was sort of wondering, that if  
23 it is true that a lot of people say they should  
24 legalize marijuana instead of the other drugs,  
25 because I know a lot of people like myself, that  
26 say that if marijuana was legalized and a lot  
27 easier accessible, they would not go into any  
28 harder drugs like LSD for example, and I was just  
29 wondering if this Commission is put together to try  
30 and solve the problems, and not the drug using,



1       what can they do?

2                               What can you do, to solve  
3       such problem? Do you travel all over and get  
4       ideas from everybody, or what?

5                               THE CHAIRMAN: Yes, we are  
6       using different methods of inquiry. At the present  
7       moment, we are, of course, conducting a public  
8       hearing. But we also have a lot of meetings with  
9       small groups, and individuals, and consult with  
10      people who have special knowledge in the various  
11      fields related to non-medical use of drugs, and  
12      quite a lot of reading, and by these various means  
13      we are trying to get together an understanding  
14      on the various aspects.

15                              As far as our recommendations  
16      are concerned, I think your definition of our task  
17      there, we of course have to consider what those  
18      words mean too.

19                              I think we have to identify  
20      the problems of this. We are invited to report  
21      on the extent of the use, . . . the patterns, of use, and  
22      the effects, and on cause and these related  
23      factors, social factors, and it gives us a very  
24      broad mandate on the relationship of this phenomena.

25                              But then we are to recommend,  
26      as you pointed out, to the Federal Government, and  
27      alone, or with other governments, to reduce dimensions  
28      of these problems, we must identify the problems.

29                              Now I think, quite frankly,  
30      that we are invited obviously to consider how far





1 non-medical use -- drug use is itself considered  
2 to be a problem. And I would be interested appropo  
3 of this, perhaps this will reduce the question.

4 Recently in our hearings, the  
5 question has arisen about drug education; are we  
6 prepared -- we are emphasizing the importance of  
7 drug education, are we prepared to have the positive  
8 things -- there are positive things to be said about  
9 non-medical drug use, and are we prepared to look  
10 at the positive, as well as the negative?

11 It is quite a serious question,  
12 and we have had quite a bit of response to it.

13 Really, the question is, do  
14 we mean what we say, when we insist on the whole  
15 truth, and nothing but the truth, and all the facts,  
16 because some contend that there are some positive  
17 things to be said, and we have had a good deal of  
18 evidence on that, and assuming that there may be  
19 some positive things to be said, are we prepared  
20 to have them present it with equal time, so to  
21 speak, for instance, as the negative things in the  
22 various levels of the educational system.

23 This is, we think, an important  
24 question, the collective responsibility, and I  
25 don't know how you feel about that, Dr. Dowd, does  
26 your committee have any philosophy there about  
27 drug education?

28 DR. DOWD: As you mentioned  
29 there are a lot of positive statements made, but  
30 this is where we are in a quandry as to what is the





1 reliability of a test of some researcher who  
2 indicates it is non-addictive, and it is harm-  
3 less. We have to know whether his research is  
4 based on scientific facts and study, or did he  
5 do a limited study, and have an opinion later  
6 on. And we are <sup>at a</sup> ~~loss~~ sometimes to take an opinion  
7 from statements of some individual.

8 MR. STEIN: Are you, at any  
9 point in your earlier deliberations, attempting  
10 to identify what your committee would mean by  
11 "harm"?

12 DR. DOWD: Would mean by  
13 what?

14 MR. STEIN: By "harm",  
15 harmful?

16 DR. DOWD: The fact that  
17 these drugs are used, and were used several  
18 years ago, is a problem in ~~that~~ we don't know  
19 why they want to use them, why students want  
20 to use them.

21 MR. STEIN: No. What I  
22 am getting at is that you indicate when you are  
23 presented with research indicating something about  
24 whether this drug is harmful, you are not sure  
25 how reliable you may find this research, and I  
26 am raising a question with you; have you in your  
27 committee's deliberations, some definition or  
28 indication in your minds, as to what harmful  
29 effects would be, because a number of the  
30 research papers that we have been presented with



1 describe what the researchers take to be the  
2 effects of the drugs, and some people may conclude  
3 from their value system that these are harmful  
4 effects.

5 Others may see the same  
6 description, and decide that these are not harm-  
7 ful effects, these are valuable kinds of effects.

8 Do you know what I mean?

9 DR. DOWD: We have many  
10 opinions exactly like that. Is use by itself,  
11 once or twice a <sup>problem?</sup> / The harmful effect of the  
12 drug be it physical or psychological, or social,  
13 is hard for us to recognize; but we feel that  
14 in some cases we can recognize that those who  
15 have used those drugs and are using them now  
16 regularly, probably have done themselves harm.

17 MR. STEIN: One other  
18 question that has been raised with us, is when  
19 you have some criteria to results, as to what  
20 harmful might mean, how do you determine when it  
21 is appropriate to use the criminal law as a  
22 response to this, and when is it perhaps appropriate  
23 to use some other kind of social institutional  
24 response.

25 This is another question  
26 that we look at.

27 DR. DOWD: I don't think  
28 any of us would have an opinion as far as when  
29 criminal process should be used.

30 Privately we will, but based



1 on our own biases, our own moral feeling, but  
2 when do we step in and say, "Let's try our bit,  
3 maybe we can rehabilitate, or change their ways,  
4 or whatever this might mean." We have no definite  
5 way of saying, "All right, you use it, you are not  
6 a problem."

7 "Now, you have a problem, and  
8 you, because", let's say, "you are pushing drugs,  
9 should be dealt with by the law, and you, just  
10 because you are just using the stuff should have a  
11 talk to us, or come to this particular centre",  
12 this type of thing.

13 We cannot come to those conclusions  
14 yet, because we have not discussed that particular  
15 aspect. The chief problem is organizational.

16 MR. CAMPBELL: Let me just  
17 go back a bit to this question the Chairman raised  
18 with you. And I am putting this question not only  
19 to you, but to the room.

20 One aspect of drug use is  
21 something contrary to nature, perhaps a sub-  
22 jective effect, and there is a subjective element,  
23 and you get two positions put to you; the  
24 position that the use of cannabis, for instance,  
25 takes a person away from reality and eases his  
26 difficulties in coping with reality, and then  
27 a value judgment is made, well, this is a complicated  
28 world, we need to face reality straight on, have  
29 our wits about us, so to speak, or it is a good  
30 thing for the human being to face reality, to







1 learn to cope with it, that this is good. There-  
2 fore the use of cannabis is bad.

3 But then somebody else comes  
4 along, and says, "Yeah, but by using psychoactive  
5 drugs, I get an entirely different perspective  
6 of reality, and I see things differently, and it  
7 opens up a new dimension of experience, and since  
8 it widens my experience it's good." Or they say,  
9 "It lessens my tendency to aggression."

10 Others have said, "It makes  
11 me a more tolerant, or open person." Now these  
12 are all subjective issues.

13 Coming back to this question of  
14 drug education  
15 /that you are getting yourself involved in, people  
16 again say, "Look, tell the facts."

17 Now do you feel that part of  
18 the facts that have been told are these various  
19 subjective judgments, or should the educators sort  
20 these out in some way, or should we present this  
21 whole spectrum?

22 DR. DOWD: I think pretty near  
23 every organization that has a pamphlet on this -  
24 thing, I have seen probably a dozen now, do have  
25 an opinion based on their guidance as to whether  
26 you should use it, or not use it.

27 And practically all of them  
28 advocate that you not use it.

29 I have seen a couple that  
30 advocate use of these drugs, and that have said  
it is good for you, but we are not convinced that



1 enough research work has been done on, say,  
2 marijuana to make us decide ourselves that, well,  
3 maybe we should use it.

4 We are not prepared to go out  
5 and advocate its use.

6 MR. CAMPBELL: My question is,  
7 would you present this contrary opinion to the  
8 young people?

9 THE CHAIRMAN: Would it  
10 involve any statement of what you think should be  
11 done, or not done? It's just a question of  
12 information.

13 Should we present the whole  
14 of the information?

15 MR. DOWD: Well, I think that  
16 would be next to impossible, because just to present  
17 a fact, or pharmacological or physiological fact  
18 on a drug, the question then comes to you, if you  
19 are in the position of telling someone who is asking  
20 you a particular question ---

21 THE CHAIRMAN: You are placing  
22 great emphasis on research and we hear this  
23 frequently, that we don't know enough, and do more  
24 research, and give us more information.

25 So the assumption underlying  
26 that is what we are talking about are facts. Now,  
27 is drug education to be understood as a presentation  
28 of facts to informed choice, or is it to be understood  
29 as partly that, and also a presentation of a certain  
30 point of view or value judgment of drug use?



1 I am not expressing a personal  
2 point of view at the moment, but what we are  
3 trying to find out is, what are the assumptions  
4 underlying each individual, that there be this  
5 -- more research, more information, more facts.

6 Are we really talking about  
7 the present case, not all the facts that are  
8 relevant in a significant presentation?

9 This is in part, a view that  
10 we want to express on the whole thing. I am not  
11 implying that we exclude that necessarily, although  
12 there is a point of view that we should not make  
13 value judgment, but that is another issue of  
14 educational laws.

15 DR. LEHMANN: If I may add  
16 one thing ---

17 DR. DOWD: I can agree that  
18 perhaps we should make a value judgment when the  
19 facts, as such, are being presented.

20 But with the experience we  
21 have had just in presenting facts, you then get  
22 the question on value judgments.

23 DR. LEHMANN: But if, in  
24 addition to, or quite apart from making value  
25 judgments, and presenting the facts that are  
26 known, there are certain facts that are well  
27 established.

28 Not very many, but some are,  
29 that there will always be the desire, the question  
30 about value judgments, and that is something





1 in between a whole area of the important facts  
2 which are subjective, or perhaps may never become  
3 definite in an objective fashion. It may be  
4 that they are never established definitely, yet  
5 there is a good deal of circumstantial evidence  
6 that they are there.

7 Will you talk about these  
8 things, or will you then say, "No, as long as  
9 they are not definitely established we will leave it  
10 out", even if this may be a whole area, and an important  
11 human area that can never be definitely determined.

12 THE PUBLIC: Excuse me,  
13 Mr. Chairman, may I be allowed to make a few  
14 points?

15 I wonder, you said first  
16 of all, a few moments ago, with the drug question  
17 a lot of people do take drugs and no one knows the  
18 reason why. I would like to put forward the fact  
19 if you ask, and the reason they are on drugs, the  
20 reason they take them is, they feel important.

21 They actually find themselves,  
22 at least they think they find themselves, and it  
23 is this feeling that they want. They are just  
24 not sure of themselves when they are not on drugs,  
25 O.K.?

26 And secondly, I have noticed  
27 all through Canada now, there seems to be a big  
28 craze, and everyone seems to want to talk about  
29 the drug problem, but no one seems to be doing  
30





For instance, in Moncton we had that drug thing on television for half an hour, or an hour, or whatever, and three weeks later in the newspaper, <sup>Mayor</sup> Leonard Jones makes a startling discovery that there is a drug problem in Moncton.

I mean, he is a little bit late. He is a good two and a half years late, and everyone seems to be making the same thing.

Mr. Tibbet<sup>ts</sup>, when I first came in, was mentioning that he knows possibly eight people in this school. Well if you go to anybody, and I don't care who it is in this school, the smallest person or the biggest person, to almost any of the teachers, you ask them. I don't think any person will quote less than thirty percent of the kids in the school that have -- are on drugs, or have at least tried it.

Take my class for instance, we had a class discussion about it, and we think sixty -- sixty, seventy percent of the students have at least tried drugs at one time.

But the drug question, with everybody talking about it is just getting more people interested, more people curious, and that's where you get the young people coming into the drug situation.

Instead of talking so much,  
why don't people get off their fat -- I had  
better stop -- and get to work and do something.



1  
2 MR. STEIN: Do what?

3 DR. DOWD: You tell us what  
4 to do. What do you do?

5 THE PUBLIC: I think basically  
6 so far we have had a lot of talking, but right  
7 now I think restrictions on the people on the whole,  
8 let's say the teenagers, who are on drugs should be  
9 lifted.

10 In other words, don't make  
11 them -- don't threaten them when anything comes  
12 up. Let them come out, let them speak their piece,  
13 and let them try to help.

14 For instance, the different  
15 groups in Toronto, organized head, traffic, the  
16 different groups. And they are keeping a lot of  
17 people off drugs and out of danger, and out of  
18 the problems. Not by talking, but by getting  
19 people who know what they are doing, who have been  
20 on drugs and have come off, or are still on drugs,  
21 to get in and try to help people.

22 Like almost an Alcoholics  
23 Anonymous, but Drug Anonymous, I don't care what  
24 you call it. Somebody has got to do something.

25 It's quite bad in our area  
26 now. You can't walk down our Mall now, without  
27 watching somebody freaking out right in the middle  
28 of the Mall and that is getting pretty bad.

29 DR. DOWD: You mentioned one  
30 organization, organized heads. The fact that it  
exists, we have enquired as to whether this was



1 an approach to make.

2 The basis of that organization  
3 is ex-drug users, people who are knowledgeable and  
4 experienced in this thing working with people,  
5 basically helping them come down off a high, gracefully  
6 without crashing fantastically.

7 Is it working? This is some-  
8 thing that we want to find out.

9 THE PUBLIC: Yes.

10 DR. DOWD: If it works we  
11 will do it, or at least try it. But we haven't had  
12 any people who work at this type of thing, and with  
13 the knowledge available we can't do it. And if we  
14 found it had a negative effect, and doesn't work  
15 at all then we wouldn't consider it.

16 THE PUBLIC: I would like to  
17 say right now it is definitely working.

18 You take the people -- I  
19 forget exactly the figures, but I think there are  
20 only sixteen to twenty-five people in this organization  
21 and the amount of people that they have got on  
22 record that they have either got off drugs, or kept  
23 them at least from crashing off the high, like  
24 dropping down easily, which can be quite harmful,  
25 crashing, it is unbelievable some of the figures  
26 they have.

27 I was up in Toronto during  
28 the Christmas holidays for a while, and a few of  
29 my friends are in the organized head, and they  
30 told me about it, and they showed me the figures







1 and books, and they tried to get me interested,  
2 and I was really amazed how much they have done.  
3 And it's really amazing for a group that hasn't  
4 got hardly any backing at all.

5 Now they are starting to get  
6 backing from the Metropolitan Police, and everything.  
7 But it is about time. They have been going for  
8 about a year and a half, or two years now, and  
9 they have done a heck of a lot of good things, and  
10 now they are starting now to get the backing that  
11 they should have had at first.

12 DR. DOWD: But if it works  
13 in Toronto, it doesn't necessarily mean it will  
14 work in Moncton.

15 THE PUBLIC: We are never  
16 going to find out until we try it.

17 DR. DOWD: No, we have to  
18 study it first. We just don't do it without some  
19 organization behind it.

20 THE PUBLIC: While you are  
21 studying, the more people that crash down, the  
22 more people are going to be hurt, and what is this  
23 Commission for, other than to find out what is  
24 going to happen.

25 If you find out what is  
26 going to happen, what is all this talking about,  
27 trying to find out. Try it.

28 DR. DOWD: Who is going to  
29 do it?

30 THE PUBLIC: The people.



1       Once the restrictions are off the people, then the  
2       people themselves will, the teenagers themselves,  
3       will volunteer. I myself will volunteer to head  
4       the thing.

5                       I don't want to talk all my  
6       life, I want something done.

7                       DR. DOWD: I agree with you,  
8       but we do have to have some organization, and study.  
9       Because this is the problem we run into.

10                      We talk to youth who used drugs,  
11       or are interested in this, or involved in the scene  
12       and very eager to get going and do something, and  
13       you talk to another group ---  
14       that is completely apathetic, and doesn't want to  
15       do anything.

16                      This is just as much a feeling  
17       by some people, and between the two of them we  
18       have to get together.

19                      THE PUBLIC: I agree with that,  
20       but I think the main thing that is keeping these  
21       teenagers, as I said many times, from trying to do  
22       things is the restrictions put on by the establishment.  
23       They can't do a thing.

24                      As soon as you walk forth and  
25       start talking about it, or try to do something about  
26       it, all of a sudden your name appears in the police  
27       department, and all of a sudden everybody in the  
28       city finds out that you are interested in drugs,  
29       therefore automatically you are on drugs.

30                      And as I said before, you can't



1 do anything, you can't quit school, you can't  
2 do anything, especially adults.

3 DR. LEHMANN: How would you  
4 be harassed.

5 THE PUBLIC: For instance,  
6 as I said before, Mr. Tibbett. Anybody he even  
7 suspects, he doesn't have to know it, they are out  
8 of high school, that's what he said, and I quote.

9 Also the police department.  
10 A friend of mine, I won't mention any names, he  
11 went down and he wanted to find out about this  
12 drug problem and he went to the police department  
13 to find out about it, and when he left they had  
14 him searched, and the whole bit, tried to find  
15 drugs.

16 Anybody who walks down the  
17 street, no adult talks to him anymore, because just  
18 about everybody knows him.

19 Take people with long hair.  
20 If you walk down the street and see some guy with  
21 hair down to his waist or something, you are not  
22 going to walk by and say, "Hello, how are you?"  
23 You are going to snub him -- not you personally,  
24 but adults in general.

25 So what if a person takes  
26 marijuana? At least they are trying to help out,  
27 if they are going to help out and they should be  
28 respected for their, at least attempts.

29 THE CHAIRMAN: Gentleman at  
30 the microphone.





1 THE PUBLIC: Yes. I think  
2 I will bring up a different topic on this.

3 I read an article in Time the  
4 other day, and my teacher asked me to bring it  
5 forward, that a person only nine hours old died  
6 and was really deformed, you know?

7 I think articles like this  
8 kind of turn kids away from drugs, and I was  
9 wondering what you gentlemen thought of it. This  
10 child was very deformed from head to foot, and all  
11 internal organs were gone.

12 The article said there were  
13 no hereditary problems, that three years beforehand  
14 both adults had taken LSD.

15 Do you think the facts of this  
16 would scare children or teenagers from taking  
17 drugs?

18 THE CHAIRMAN: Well, you would  
19 be a better witness to that than I would.

20 What is your opinion?

21 THE PUBLIC: Well, personally,  
22 the fact scares me if I get married, and say, I have  
23 taken drugs, and my children were deformed.

24 THE CHAIRMAN: Well, that is  
25 a medical question, yes.

26 Well, we will do our best to  
27 report on the evidence that exists on that question  
28 and others concerning LSD, but I am not going to  
29 express an opinion here in public today.

30 If I know what you are referring





1 to, you are referring to the alleged effect on  
2 the fetus, of LSD.

3 And assume there was sufficient  
4 evidence of this, certainly to warrant reasonable  
5 caution and concern, that would have to be presented,  
6 wouldn't it, as part of drug education?

7 THE PUBLIC: Yes sir.

8 THE CHAIRMAN: And you feel  
9 it would have the effect of deterring the use,  
10 dissuading young people from using LSD.

11 THE PUBLIC: Yes.

12 THE CHAIRMAN: I think it seems  
13 logical. But what you are saying as a particular  
14 interest, as far as I am concerned, I mean I would  
15 think that is logical, but young people are concerned  
16 about the children, or the children they will have.

17 THE PUBLIC: Yes.

18 THE CHAIRMAN: This is an  
19 important thing. We are now dealing with an attitude  
20 toward the future, which is one of indifference.

21 THE PUBLIC: Well, I am not  
22 sure, but do you think the facts of this are pretty  
23 well hidden.

24 THE CHAIRMAN: Well, I don't  
25 know just how drug education, the different teachers,  
26 is different and vary as to what their philosophy  
27 is, but that would be an important fact, and from  
28 all the statements we have heard across the country  
29 there is a great insistence on the importance of  
30 truthful drug education.



1 I mean, I can't -- I don't  
2 know, my colleagues can correct me, but at the  
3 moment I cannot recall any significant expression  
4 of opinion.

5 By that, I mean quantitatively  
6 significant, if any at all, against drug education  
7 as such.

8 Am I right on that?

9 If we can review our record  
10 on that, but I don't recall anybody saying, "Look,  
11 we shouldn't have drug education."

12 Now there was one indication  
13 -- what the young gentleman said a moment ago --  
14 what I thought I understood, and there was a  
15 suggestion that publicity, or education, might  
16 create an unhealthy curiosity, and might aggravate  
17 the problem. I don't know if he meant to say that.

18 That certainly has been a  
19 concern expressed in the past, but as I say, our  
20 impression is the people of Canada now want drug  
21 education, and they want truthful drug education,  
22 and it would have to include such facts.

23 But the other question of  
24 course we were pursuing, that concerns us, is, is  
25 it also to include strong prevalent statements  
26 about positive effect.

27 I mean, after all when we  
28 are dealing in the realm of subjective effect we  
29 can only rely on the opinions of those that speak  
30 to us, can't we?



1 THE PUBLIC: Yes sir.

2 THE CHAIRMAN: Now if a lot  
3 of people say, and testify to a positive effect,  
4 do you feel that we are obliged in a truthful  
5 educational system, to report that?

6 THE PUBLIC: Yes sir.

7 THE CHAIRMAN: You have  
8 answered the question.

9 THE PUBLIC: What is your  
10 opinion?

11 THE CHAIRMAN: We don't have  
12 any particular opinion. We can report what we  
13 have heard, we have heard a lot of criticism about  
14 existing drug education. We can report that, but  
15 you know it is very hard for us to generalize and  
16 say in effect that things are being suppressed.

17 We are not in the classroom,  
18 do you know what I mean? But we have heard a  
19 general kind of criticism across the country, namely,  
20 drug education may appear to be somewhat biased  
21 and slanted in some directions; and secondly that  
22 it may rely too much on fear, and that this destroys  
23 credibility in some of us. Especially if the  
24 statements made are believed to be untrue as a  
25 result of experience, and I just report these  
26 impressions we have received.

27 So that you see, maybe that  
28 bears on what you just asked me; if you are going  
29 to use a statement like that which is a very fear  
30 inducing statement, as you yourself state, that





1 perhaps you should be very careful about the state-  
2 ment of a precise scientific basis.

3 Maybe it follows from that,  
4 because it may be in the category of the fear-  
5 producing statements we have heard about, in  
6 connection with other drugs.

7 For example, it has been said  
8 certain statements <sup>about</sup> / marijuana produce fear  
9 and it has been said to us to be found to be false,  
10 and this has destroyed credibility about statements  
11 on other drugs, and I guess the same passion would  
12 apply to that kind of statement, and one would  
13 have to try to be very sure about one's ground and  
14 be sure of what qualifications have to be stated.

15 Would you agree with this?

16 THE PUBLIC: Yes.

17 DR. DOWD: Mr. Chairman I  
18 would like to get back to a question which Dr.  
19 Lehmann asked, concerning the objectivity versus  
20 the subjective approach. I think perhaps some  
21 people here might have an opinion on that concerning  
22 just exactly what our approach is to that.

23 ...On our  
24 educational committee is Mr. Robert Maybee.

25 MR. MAYBEE: We have sort  
26 of hassled this around at a number of meetings,  
27 and sometimes it becomes very frustrating because  
28 we are sort of batting our head against a brick  
29 wall, because everybody is thinking in different  
30 directions, and there are so many committees going



1 and they are all thinking in a different way, and  
2 we have some of our own general thoughts that not  
3 only should the teenagers become educated, which  
4 a lot of them are, because they are involved in it,  
5 but we feel that the problem lies in educating  
6 the adults, because they don't seem to want to  
7 face up to the fact that there is a serious problem.

8 Now there might not be a  
9 serious problem, but I think we should prepare  
10 ourselves in case it does come about.

11 Now part of the education  
12 should be -- we are going to have to identify it  
13 first, and then maybe teach them, or tell them  
14 what the different drugs do, what they are made  
15 of, how to treat them if somebody is on a trip  
16 with them, what medical views are on them, and  
17 then have some of the people who have been addicted  
18 to them come in and sort of explain it to them.

19 Now this is general, and a  
20 lot is my own personal view and not that of the  
21 committee, but most of us feel this way, and I  
22 myself have been very frustrated because every time  
23 I go to turn around somebody else is turned the  
24 other way and <sup>they</sup>/ don't want to listen to you at  
25 all.

26 And the youth are up in the  
27 air because they don't want to learn. I have  
28 had more youth approach <sup>me</sup>/ to learn about this  
29 problem, to do something about it, than I have  
30 places to put them, and I sure wish the adults



1 had the same opinion on it.

2 THE CHAIRMAN: Thank you,  
3 Mr. Maybee.

4 Gentleman at the microphone.

5 MR. CAMPBELL: I would like  
6 to raise two questions with you, to the extent  
7 that you feel competent to speak for your age range  
8 in Moncton.

9 Quite frequently it has been  
10 put to us that there is a rather pervasive increasing  
11 pessimism about the future among people in the teen  
12 and twenty years, and certainly I have spoken to  
13 a large number who quite candidly feel that there  
14 is almost no possibility that they will be alive  
15 in five or ten years, indeed feel that there is  
16 little possibility that the human race will survive  
17 another five or ten years.

18 They are deeply concerned with  
19 the question of the pollution, and other problems,  
20 and also with the widespread setse of powerlessness  
21 about their own ability, or ability of anyone else,  
22 I suppose, to cope with this type of problem.

23 It is a negative existentialism.  
24 Is it your view that this is/<sup>a</sup>widespread, or growing  
25 mood?

26 I would like to hear your  
27 view on this, and I would also like to hear your  
28 view on what your classmates think about drugs,  
29 what they feel the social response should be.

30 THE PUBLIC: Well I haven't





1 heard that much about the world coming to an end.  
2 I think that has existed for quite a while.

3 The teenagers today, even the  
4 adults under twenty-one have really no say in world  
5 affairs, and I seem to think that a lot of adults  
6 seem to have an opinion that children are to be  
7 seen and not heard.

8 And as far as my classmates  
9 on drugs, well I imagine I could say maybe a third  
10 of the class has tried them. The rest of them  
11 like to talk about it, and I have had one or two  
12 girls say that they would like to try it, and asked  
13 me if I knew where they could get some. And yet  
14 they hear facts, and they don't want to take them.

15 THE CHAIRMAN: Reverend Boden?

16 REV. BODEN: I just want to  
17 go back a minute -- if I am taking too much time  
18 and taking time away from other people, please  
19 shoot me down. I am used to that now.

20 A couple of things I was  
21 thinking of, first we were talking about education  
22 and the possibility of kids in school finishing  
23 and graduating.

24 It was rather interesting,  
25 I had an interview a few weeks ago -- an interview  
26 that appeared in the paper I guess last Saturday.  
27 I think most people in the city may have seen it --  
28 with four kids which I had -- each one of those  
29 kids had graduated, one from Moncton here, maybe  
30 two from here, and another one is now in Technical





1 School, and will be teaching, and each one of them  
2 finished their high school program while they were  
3 tripping fairly regularly during their graduating  
4 year.

5 And I think this is sometimes  
6 something maybe we don't want to see you know, and  
7 this may kind of connect with a lot of kids.

8 I have talked to kids who have  
9 tripped every day, and have gone to school. They  
10 have tripped every morning. This isn't on acid,  
11 probably marijuana.

12 Some of them on acid, I have  
13 talked to them, who have gone through a daze in  
14 school on acid, and have still completed their year.  
15 And I am not sure about the long-range outcome.  
16 I don't think it is as bad as sometimes you want  
17 to think.

18 You see, a lot of times in  
19 educating where we don't want to be truthful is  
20 that by far the majority of trips that kids take  
21 are good trips, and kids are always getting bugged  
22 when we get up and speak about somebody jumping  
23 out of a window, and because our emphasis is always  
24 on the bad trip.

25 So in this education -- I think  
26 we might have to educate in two areas, and not one  
27 education program. We could say a lot to a group  
28 of kids who are on drugs which would really communi-  
29 cate, but the straight kids wouldn't get a thing  
30 from it, and vice versa.



1 Now this young fellow got  
2 something from the possibility of LSD causing  
3 chromosome damage, but to a kid on drugs he generally  
4 thinks this is a bunch of bunk, even if this is  
5 proved. And I think we should look at a two-pronged  
6 attempt in educating the same as Alcoholics  
7 Anonymous is no good to me really, because I am not  
8 an alcoholic. The program doesn't interest me.

9 I shouldn't say it doesn't  
10 interest me, but I think you know what I mean. I  
11 am not an alcoholic, but to an alcoholic it is the  
12 greatest gift they have ever had, and I think this  
13 is something that perhaps the Commission could  
14 concern in some recommendations, that maybe <sup>2</sup>two or  
15 three-pronged thing on this.

16 I don't think one program is  
17 going to be sufficient.

18 And then another thing regarding  
19 alcohol, and I think this was referred to, you know,  
20 but we have to look at all these things together,  
21 the fact is, and from what I am told by the Department  
22 of Health in this city, that if a person takes  
23 "X" amount of alcohol, and <sup>he</sup>is is the size of  
24 myself, we don't know how much alcohol he takes,  
25 we can pretty well predict the results.

26 This is not true of drugs. In  
27 fact, some I have spent the night in the hospital  
28 with, who thought they were in for LSD, found later  
29 it was pretty well straight speed, and I think  
30 you can find statistics in the City of Toronto that



1 street samples are sixty-two percent that were  
2 taken off the street, were found to contain no  
3 LSD at all, which means -- I mean sixty-two  
4 percent contained LSD, and thirty-eight did not.

5 And in this city, my feeling  
6 then, from what the kids tell me, is that you  
7 have strychnine, speed and these kinds of things  
8 in it, and maybe no LSD at all. And these are  
9 some of the facts.

10 But I am interested in this  
11 two-pronged educational attack.

12 THE CHAIRMAN: What exactly  
13 is to be the difference between them?

14 I mean, are they not to  
15 contain the same information? Are they to contain  
16 additional information, as to be distinguished by  
17 a sort of general moral approach to the issue.

18 REV. BODEN: That might be  
19 an education. I find that if I am speaking to  
20 a group of kids who I am pretty sure have all used  
21 drugs, I say things differently because -- well,  
22 O.K. this is the culture we are talking about too,  
23 and I think this is another important aspect of  
24 the drug world, that it is the culture involved,  
25 and it has its own language, its own jargon which  
26 a lot of straight kids don't understand.

27 I used to sit at meetings and  
28 just bat my eyes at their terminology that was  
29 coming out of these kids, and I didn't understand  
30 it for a long time, until it finally started





1 filtering through my thick skull.

2 I don't think the facts would  
3 basically have to be different, but for example,  
4 some of the films we have are great for kids who  
5 are straight, or for church groups. But to show  
6 them to kids who have been on drugs and where you  
7 try to picture what a trip is like and everybody's  
8 trip is different, then a kid on drugs says, "That's  
9 crazy. I never had anything like that, and I never  
10 saw my friends turning into doors, or anything  
11 like this."

12 But for a kid who had not  
13 been on drugs, this might be a thing he could  
14 imagine.

15 But I think also, there is  
16 honesty, and this comes into the area where they  
17 will talk about the good trips, and a lot of the  
18 adults don't want to hear about this.

19 And as John said, I have seen  
20 guys who stood up with a glass of beer telling me  
21 how stupid it was for a kid to take marijuana, and  
22 it doesn't ring true to the kids, nor to maybe  
23 anyone else.

24 THE CHAIRMAN: Thank you.

25 Well Dr. Dowd, I have kept  
26 you a long time, and you have been very helpful.  
27 Thank you very much.

28 The gentleman at the microphone.

29 THE PUBLIC: Yes. There is  
30 one question that puzzles me. Let's say that



1 marijuana is legalized.

2 We know now that alcohol, the  
3 only persons allowed to take alcohol legally, are  
4 people over the age of twenty-one in any place,  
5 unless the age has been brought down to eighteen,  
6 but I haven't heard of any place yet.

7 Now if marijuana was taken out,  
8 what would be the age restriction on this. This  
9 is something that puzzles me, and I don't know  
10 if you people can help me. I am probably putting  
11 you on the spot.

12 THE CHAIRMAN: Assuming that  
13 it were to be taken off, would you recommend that  
14 there should be an age limit on its availability?

15 THE PUBLIC: I think possibly  
16 there should be an age limit, and I think possibly  
17 sixteen.

18 THE CHAIRMAN: Why do you  
19 feel there should be an age limit?

20 THE PUBLIC: Is he proposing  
21 over, or under sixteen?

22 THE PUBLIC: Over sixteen.  
23 And I must admit you have put me on the spot here,  
24 and I don't know how to answer this question, but  
25 I think possibly the parents consent, and you are  
26 sixteen, would be allowed, because I heard of a  
27 particular case where a mother has permitted her  
28 twelve year-old son to smoke marijuana, but ---

29 THE CHAIRMAN: Thank you.

30 Is there a Professor Hurley



1 among us?

2 THE PUBLIC: I am not  
3 representing any organization, but I can talk about  
4 myself.

5 Reverend Boden mentioned Alcoholics  
6 Anonymous, and I am an alcoholic, and I was on a  
7 trip for about fifteen years, and when the young  
8 chap was talking about LSD I thought that I could  
9 identify with him.

10 Now I have my own opinion of  
11 course, and Alcoholics Anonymous gives us a  
12 program of recovery. Now they have been talking  
13 about, and around, the use and misuse of drugs, and  
14 I understand that there are people who want to  
15 get off of drugs, that have been on drugs, and want  
16 to get off.

17 Now Alcoholics Anonymous has  
18 a program that works. We have a fifty percent  
19 recovery rate, twenty-five percent liquor after  
20 a particular time, and twenty-five percent no  
21 liquor.

22 But you can give these people  
23 that want to get off the drugs a program of  
24 recovery, and there lies the beginning.

25 Now for myself, I believe that  
26 I am a victim of my disease. Now once I can start  
27 to work on the disease of alcohol I can get back  
28 to the basic, in that I was emotionally, mentally  
29 immature to face life.

30 I have listened to all we





1 should and we shouldn't, the indecisions. I can  
2 understand what the children are thinking about.

3 If ordinary people can't think of a  
4 decision, how are we going to make one? I think  
5 the program of recovery can also become one of  
6 learning and teaching, to the young people.

7 Sure you have two different  
8 groups, the ones that are on, the ones that want  
9 to get off, the ones that haven't even been on.  
10 And there are definite steps that you can take now,  
11 and that is, help the man that wants to get off,  
12 and at least there <sup>is</sup> a beginning.

13 MR. STEIN: What is your view  
14 regarding the role of the law in relation to this  
15 problem?

16 THE PUBLIC: My thoughts on  
17 that are that it was important to me to be an  
18 economist when I first came into a program such  
19 as Alcoholics Anonymous, because I had to feel  
20 that I was doing this thing, and I wasn't being  
21 told that I must do it.

22 I was told that I could come  
23 in, and that there are no "musts". Now if I  
24 have a law looking down my neck, or if I had to  
25 go to a church, back to the old established form  
26 of people telling me what I should and shouldn't  
27 do, I don't think I would have gone in.

28 Now you can't pinhole a  
29 person and say, "Look, you have to identify as an  
30 alcoholic, like, or a drug addict." He did his





1 thing because he didn't understand, or couldn't  
2 come to grips with life.

3  
4 Now to get back with this,  
5 I feel that you have to do the same thing. You  
6 have to do your thing your way with the people that  
7 understand you, and that is a drug addict. He is  
8 the one who will help himself, and once he is  
9 helped he will feel a responsibility to help others  
10 in the same situation.

11 MR. STEIN: One other question,  
12 and maybe it is not quite a fair question so feel  
13 free not to answer it.

14 You have indicated that you  
15 personally had difficulty in using alcohol. What  
16 is your view about the general use of alcohol, or  
17 other drugs? Do you believe it is always an  
18 indication of some form of illness, or is this  
19 something to do with the individual's personality,  
20 and his own personal situation?

21 THE PUBLIC: I believe that  
22 because of my background, that I was mentally an  
23 alcoholic before I took alcohol.

24 Alcohol is socially accepted;  
25 marijuana, from what I have heard, is socially  
26 accepted as far as the people who are taking it  
27 are concerned.

28 Could this, in their minds,  
29 make it right? I am not able to say that you  
30 must turn around and say, "No more alcohol, no  
more drugs," but there are going to be this certain



1 percentage from now and forever that are going to  
2 find they have a dependence upon drugs, or alcohol  
3 because of their inability to face life.

4 And those are the people that  
5 we have to help. If we start a program with the  
6 adults trying to find out their own inadequacies,  
7 their own inability to face life, and show them  
8 how to do this, then we are on the road to recovery  
9 for the young people.

10 MR. STEIN: Thank you.

11 THE CHAIRMAN: Thank you.

12 THE PUBLIC: It is not that  
13 I like to have myself heard, but there are a lot  
14 of people that are under the impression that if you  
15 start taking marijuana it will eventually lead you  
16 to take LSD, and after that eventually lead to  
17 taking heroin, or something stronger.

18 Out of the fifteen kids that  
19 I have talked to, all of them are in favour to let  
20 go the chemicals, to go to marijuana, because they  
21 feel that they get satisfactorily high, or high  
22 enough that they have their trips.

23 Now, a lot of them as far as  
24 they are concerned, they like to see the chemicals  
25 banned altogether. They can't see why these  
26 things ever came into existence.

27 And this young chap I was  
28 talking about, for years, he told me himself that  
29 if he could put his hands on marijuana he would  
30 rather smoke marijuana than take chemicals.



And I think out of the fifteen I have talked to, all these kids are in favour of this.

I am, myself, for the legalization of marijuana if this will help in this case, because myself, chemicals, I think, from what has been said so far, is bad on the human body and therefore I think again, if marijuana was legalized it would probably solve the chemical problem.

Thank you.

PROFESSOR BERTRAND: There is one question that we could pretty well ask to the young people who are with us this afternoon.

Do we feel that someone who has experienced marijuana is more likely to want to make other experiences with other drugs? What would you say on that?

THE PUBLIC: I think that it is more the prison life~~with~~ with marijuana that leads to heroin. I recently attended a drug conference at Antigonish, and one of the speakers there said that more people went on heroin after they went through prison for the ingestion of marijuana before they had actually gone to prison.

PROFESSOR BERTRAND: I was not referring to that, especially. I think we are quite aware that it may not be true, but I was asking if one who is ready to experience with something, let's say marijuana, would also be more





1 ready than another person, to try something else.

2 That is the only question I  
3 am asking.

4 THE PUBLIC: Well, I think  
5 if the supply of marijuana had been cut off, and  
6 he had been using marijuana for quite a while, he  
7 would be more likely to go on to another drug.

8 This operation that President  
9 Nixon initiated in the United States, I think it  
10 has led to quite a number of marijuana smokers  
11 going on to heroin, or LSD, or something like that  
12 because these intercept operations are really back-  
13 firing.

14 PROFESSOR BERTRAND: But then  
15 you are answering me that if one tries something  
16 else, it is because of the lack of the first  
17 substance.

18 What I am really asking you,  
19 is would the fact of experiencing, would the real  
20 reason of wanting to make an experience be enough  
21 to try something else?

22 THE PUBLIC: As far as the  
23 fact goes, you have tasted the honey and you want  
24 to try some more in that manner.

25 You take one drug, and you  
26 want to go to another, and maybe you don't. It  
27 depends on what experiences you have.

28 PROFESSOR BERTRAND: You  
29 wouldn't say experimenting itself would be something  
30 that someone would look for?



1 THE PUBLIC: Well, if you  
2 had a good experience from marijuana, I don't think  
3 you would go on to another drug, whereas if you  
4 had a bad experience you might go on to another  
5 drug.

6 PROFESSOR BERTRAND: That  
7 somebody had a good trip on marijuana?

8 MR. TIBBETT: Somebody made  
9 a statement that I said, and I would like to know  
10 what the statement was.

11 THE CHAIRMAN: A statement  
12 was made by Mr. Tibbett and I would like to have the  
13 statement read.

14 Could the  
15 statement be read back by our stenographers?  
16 I would like to have the statement read if possible.  
17 I could summarize it. You didn't hear the statement?

18 MR. TIBBETT: No, but I  
19 would like to know.

20 It seemed that someone told  
21 you that they wouldn't graduate; is that what they  
22 said, in so many words?

23 I went up on the stand, and  
24 I think you will understand, sir, that at that  
25 time that I said it, I don't think you would leave  
26 this country once you were convicted of drugs.

27 I think that law has been  
28 amended somewhat. When I first made the announcement  
29 of that, I don't think you could leave this  
30 country, and I think I also said that if it was on



1 your record, if it was on the record, and you know  
2 and I know, and I don't know whether you know this,  
3 that no one joins the armed forces, no one joins  
4 the Mounties, and the Mounties come into my office  
5 at least once a month to check on security.

6  
7 And I said those two things  
8 that I can remember, that no one could get -- go  
9 to the United States, and couldn't join the armed  
10 forces, or he couldn't join security.

11 Or did I say I wouldn't sign  
12 it. I don't think I said that. If I did, I take  
13 it back.

14 But one of the things I would  
15 say, I have to get people, and I have never yet --  
16 I have signed what, somewhere about a hundred and  
17 fifty all this year, and I have never struck anyone  
18 with it.

19 The main thing is the Principal's  
20 Report has a great bearing on whether the child  
21 gets into college or not, and I have never come  
22 across one in about two years.

23 Maybe I struck one, I didn't  
24 say anything about it. But they didn't take her.  
25 They must have known some other one. She was on  
26 the Mounties' list. Do you understand?

27 THE CHAIRMAN: I am not sure  
28 I know how you knew she was on the Mounties' list.

29 MR. TIBBETT: The Mounties  
30 come in quite often to my office, you see.  
I wish the fellows weren't there copying it down.



1 THE CHAIRMAN: It is a public  
2 hearing.

3 MR. TIBBETT: I am honest,  
4 though.

5 THE CHAIRMAN: You are  
6 standing up for your rights.

7 MR. TIBBETT: Yes, my position,  
8 and we are trying to stop the people in my area,  
9 and the Mounties come and see if they can get  
10 information from me, and if I can stop -- if I can  
11 save somebody that is my purpose.

12 But I don't remember saying --  
13 about graduation. But I did warn them in regard  
14 to an offense on the law, and you and I know that certain  
15 offenses of the law you can't get certain things.

16 Then will you ask me anything  
17 further -- do you think I have explained myself,  
18 sir?

19 THE CHAIRMAN: Do you feel  
20 you have had an opportunity to explain yourself?

21 MR. TIBBETT: Yes.

22 THE CHAIRMAN: Thank you.

23 We have to go on now, to  
24 Sackville. I regret very much that we have to  
25 adjourn now.

26 REV. BODEN: I just wanted  
27 one question.

28 You have heard some of the  
29 situations we have today, in trying to set up aid  
30 centres.





1 I know your report is due,  
2 but it's probably months away, and I wonder if  
3 there is something done -- something even in the  
4 area of drug centres that could be sped up and  
5 circulated, so that we know what you have found  
6 in working in different areas, because to us this  
7 is a program we are undertaking to go into right  
8 now, here in Moncton.

9 THE CHAIRMAN: Yes.

10 Thank you very much for your  
11 reception of us here.

12 Thank you.

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14 --- Upon adjourning at 3:45 P.M.  
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